

# National Health Insurance Act

## Act on Long-Term Care Insurance for Older Persons



## Preface

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The Korea National Health Insurance Service (NHIS) edits and publishes the latest statute book annually, with the aim of promoting understanding of the system by domestic and overseas related institutions with high interest in the national health insurance system and long-term care insurance system of Republic of Korea.

First of all, the "National Health Insurance Act" is the law that serves as the foundation for improving public health and promoting social security by providing insurance benefits for prevention, diagnosis, treatment, rehabilitation, birth, death, and health promotion with regard to people's illnesses and injuries.

In addition, the "Act on Long-term Care Insurance for Older Persons" regulates matters related to physical activity or household activity support provided to elderly people who are unable to go about daily life alone due to old age or geriatric diseases, improving the quality of life of the people by easing the burden of the family.

This booklet is based on the National Health Insurance Act [Law No. 14557, Partial Amendment on February 8, 2017] and its enforcement ordinance [Presidential Decree No. 27853, Partial Amendment on February 7, 2017] and Act on Long-term Care Insurance for Older Persons [Law No. 14321, Partial Amendment on December 2, 2016] and its enforcement decree [Presidential Decree No. 27575, Partial Amendment on November 8, 2016].

I would like to thank you for your interest in the excellent system of Republic of Korea, and I hope that the statute book will be useful for everyone.



**Sang Cheol SEONG**

President  
National Health Insurance Service  
Republic of Korea

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# NATIONAL HEALTH INSURANCE ACT

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# NATIONAL HEALTH INSURANCE ACT

*Wholly Amended by Act No. 11141, Dec. 31, 2011*

*Amended by Act No. 11787, May 22, 2013*

*Act No. 12176, Jan. 1, 2014*

*zAct No. 12615, May 20, 2014*

*Act No. 12844, Nov. 19, 2014*

*Act No. 13985, Feb. 3, 2016*

*Act No. 14084, Mar. 22, 2016*

*Act No. 14183, May 29, 2016*

*Act No. 14557, Feb. 8, 2017*

## CHAPTER I **GENERAL PROVISIONS**

### **Article 1 | Purpose**

The purpose of this Act is to improve citizens' health and promote social security by providing citizens with insurance benefits for the prevention, diagnosis, and medical treatment of and rehabilitation from diseases and injury, for childbirth and death, and for improvement of health.

### **Article 2 | Charge**

The Minister of Health and Welfare shall administer the national health insurance program prescribed by this Act.

### **Article 3 | Definitions**

The definitions of the terms used in this Act shall be as follows:

1. The term "worker" means a person who, regardless of a type of his/her occupation, lives on remuneration received in return for his/her work (including a director or other executive officers of a corporation), except for a public official or a school employee;
2. The term "employer" means a person who falls under any of the following items:
  - (a) The owner of the workplace at which a worker is employed;
  - (b) The head of the organ by which a public official is employed, who is determined by Presidential Decree;
  - (c) The person who establishes and operates a private school (referring to a private school referred to in Article 3 of the Pension for Private School Teachers and Staff Act; hereafter the same shall apply in this Article) by which a school employee is employed;
3. The term "workplace" means a place of business or office;
4. The term "public official" means a person who is a regular employee of the State or a local government providing civil service;
5. The term "school employee" means a teacher at, or an employee of, a private school or an organization that manages the school.

## Article 3-2 | Formulation, etc. of Comprehensive National Health Insurance Plans

- (1) To operate the health insurance under this Act (hereinafter referred to as "health insurance") in a sound manner, the Minister of Health and Welfare shall formulate a comprehensive national health insurance plan (hereinafter referred to as "comprehensive plan") every five years, after deliberation by the Health Insurance Policy Deliberative Committee under Article 4 (hereinafter referred to as the "Health Insurance Policy Deliberative Committee" in this Article). The same shall also apply to any modification to any comprehensive plan already formulated.
- (2) A comprehensive plan shall include the following:
1. Basic objectives of, and direction-setting for, health insurance policies;
  2. Plans and methods for expanding health insurance coverage;
  3. Medium and long-term prospects for, and operation of, health insurance finance;
  4. Matters concerning a system to impose insurance contribution;
  5. Matters concerning the costs of health care benefit;
  6. Matters concerning health promotion program;
  7. Matters concerning support for the vulnerable;
  8. Matters concerning the management of statistics and information on the health insurance;
  9. Any other matters prescribed by Presidential Decree, which are necessary to improve the health insurance.
- (3) The Minister of Health and Welfare shall formulate and implement an annual implementation plan (hereinafter referred to as "implementation plan") in accordance with a comprehensive plan each year, after deliberation by the Health Insurance Policy Deliberative Committee.
- (4) The Minister of Health and Welfare shall evaluate performance results according to the relevant implementation plan each year.
- (5) Where any of the following causes arises, the Minister of Health and Welfare shall prepare a report on the relevant matter and report it to the competent Standing Committee of the National Assembly without delay:
1. Formulation or any modification of a comprehensive plan referred to in paragraph (1);
  2. Formulation of an implementation plan referred to in paragraph (3);
  3. Evaluation of performance results according to an implementation plan referred to in paragraph (4).
- (6) If deemed necessary for formulating a comprehensive plan, formulating and executing an implementation plan, or evaluating performance results according to an implementation plan, the Minister of Health and Welfare may request the head of a relevant agency to submit data. In such cases, the person so requested shall respond to such request, except in extenuating circumstances.
- (7) Matters necessary to formulate and modify a comprehensive plan under paragraph (1), formulate and execute an implementation plan under paragraph (3), and evaluate performance results according to an implementation plan under paragraph (4), and other necessary matters shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13985, Feb. 3, 2016]



## Article 4 | Health Insurance Policy Deliberative Committee

- (1) The Health Insurance Policy Deliberative Committee (hereinafter referred to as the "Deliberative Committee") shall be established to deliberate and vote on any of the following matters concerning health insurance under control of the Minister of Health and Welfare: <Amended by Act No. 13985, Feb. 3, 2016>
1. Matters concerning a comprehensive plan under Article 3-2 (1) and an implementation plan under Article 3-2 (3) (limited to deliberation thereon);
  2. The standards for health care benefit provided for in Article 41 (3);
  3. Matters concerning the costs of health care benefit provided for in Articles 45 (3) and 46;
  4. The insurance contribution rates of the employee insured provided for in Article 73 (1);
  5. The monetary value per contribution point of the self-employed insured provided for in Article 73 (3);
  6. Other important matters prescribed by Presidential Decree concerning health insurance.
- (2) The Deliberative Committee shall be comprised of 25 members, including one chairperson and one vice chairperson.
- (3) The chairperson of the Deliberative Committee shall be the Vice Minister of Health and Welfare and the vice chairperson shall be nominated by the chairperson from among the members referred to in paragraph (4) 4.
- (4) The following persons shall be appointed or commissioned by the Minister of Health and Welfare as members of the Deliberative Committee:
1. Two persons, each recommended respectively by workers' organizations and employers' organizations;
  2. Four persons, each recommended by the civic group (referring to the non-profit, non-government organization provided for in Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act; hereinafter the same shall apply), consumers' organization, organization of farmers and fishermen, and organization of self-employed persons;
  3. Eight persons who are recommended by the organizations representing the medical profession and the organizations representing the medicine manufacturers;
  4. Eight persons falling under each of the following items:
    - (a) Two public officials who belong to central administrative agencies prescribed by Presidential Decree;
    - (b) Two persons, each recommended respectively by the president of the National Health Insurance Service and the president of the Health Insurance and Assessment Service;
    - (c) Four persons with profound learning and experience in health insurance.
- (5) The terms of office of the members of the Deliberative Committee shall be three years: Provided, That the term of office for any member newly appointed, filling a vacancy of a resigned member, etc. shall be the remainder of the term of office for his/her predecessor.
- (6) Matters necessary for the operation, etc. of the Deliberative Committee shall be prescribed by Presidential Decree.

## **CHAPTER II THE INSURED**

### **Article 5 | Eligible Persons, etc.**

- (1) Korean nationals who reside within Korea shall become the insured of the health insurance (hereinafter referred to as "the insured"), or their dependents: Provided, That this shall not apply to any of the following persons: <Amended by Act No. 13985, Feb. 3, 2016>
1. Persons who receive medical aid under the Medical Care Assistance Act (hereinafter referred to as "eligible recipient");
  2. Persons who receive medical care under the Act on the Honorable Treatment of Persons of Distinguished Service to Independence and the Act on the Honorable Treatment of and Support for Persons, etc. of Distinguished Service to the State (hereinafter referred to as "persons eligible for medical care for distinguished service"): Provided, That any of the following persons shall be the insured or a dependent:
    - (a) A person from among persons eligible for medical care for distinguished service, who requests the insurer to provide him/her with health insurance cover;
    - (b) A person who does not request the insurer that he/she be excluded from health insurance cover, despite of change of his/her status from a person under the coverage of the health insurance to a person eligible for medical care for distinguished service.
- (2) Dependents of the insured referred to in paragraph (1) refers to any of the following persons who are supported mainly by the employee insured and do not have other remuneration or income:
1. Spouses of the employee insured;
  2. Lineal ascendants of the employee insured (including lineal ascendants of their spouses);
  3. Lineal descendants (including lineal descendants of their spouses) and their spouses of the employee insured;
  4. Siblings of the employee insured.
- (3) The standards for determination of the dependent eligibility referred to in paragraph (2), date of acquisition or loss of such eligibility, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 6 | Categories of the Insured**

- (1) The insured shall be divided into the employee insured and the self-employed insured.
- (2) Workers and employers of all workplaces and public officials and school employees shall become the employee insured: Provided, That any of the following persons shall be excluded herefrom: <Amended by Act No. 14183, May 29, 2016>
1. Daily-paid workers who are employed for a period of less than one month;
  2. Soldiers in active service under the Military Service Act (including staff sergeants appointed without volunteering), secondment personnel, and candidates for military officers;
  3. Public officials who assume office by winning an election, and who do
  4. Workers and employers of workplaces prescribed by Presidential Decree, in light of the characteristics of workplace, forms of employment, and types of business, and public officials and school employees.

- (3) Persons who are neither the employee insured nor their dependents shall be the self-employed insured.
- (4) Workers and employers under paragraph (2) 4 may either become the employee insured or withdraw from such status, according to the procedures prescribed by Presidential Decree.

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### **Article 7 | Reporting on Workplace**

Where an employer of a workplace falls under any of the following subparagraphs, he/she shall report such fact to an insurer, as prescribed by Ordinance of the Ministry of Health and Welfare within 14 days thereafter. This shall also apply where any matter reported to the insurer is changed as he/she falls under subparagraph 1:

1. Where his/her workplace becomes a workplace using employees, public officials, and school employees who become the employee insured pursuant to Article 6 (2) (hereinafter referred to as a "workplace of eligible persons");
2. Where a cause prescribed by Ordinance of the Ministry of Health and Welfare exists, such as suspension or closure of business.

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### **Article 8 | Date, etc. of Acquisition of Eligibility**

- (1) The insured shall become eligible as the employee insured or the self-employed insured on the day he/she takes residence in the country: Provided, That a person who falls under any of the following subparagraphs shall become eligible for each on the applicable day:
  1. For a former eligible recipient, on the day when he/she becomes excluded from such eligibility;
  2. For a former dependent of the employee insured, on the day when he or she loses his or her eligibility;
  3. For a person formerly eligible for medical care for distinguished service, on the day when he/she is excluded from such eligibility;
  4. For a person eligible for medical care for distinguished service who requests the insurer for coverage under the health insurance under Article 5 (1) 2 (a), on the day when the request is made.
- (2) If a person becomes eligible under paragraph (1), the employer of the employee insured concerned or the head of the household of the self-employed insured concerned shall report the particulars to the insurer as prescribed by Ordinance of the Ministry of Health and Welfare within 14 days after the date of acquisition of the eligibility.

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### **Article 9 | Date, etc. of Change in Eligibility**

- (1) The eligibility of the insured shall change on the date when he/she falls under any of the following subparagraphs:
  1. On the date the self-employed insured becomes an employer of a workplace of eligible persons or is employed as an employee, public official, or school employee (hereinafter referred to as an "employee, etc.");
  2. On the date the employee insured becomes an employer of another workplace of eligible persons or is employed as an employee, etc.;
  3. On the date immediately following the date of expiration of employment relationship of employer, etc. who is the employee insured;

4. On the date immediately following the date on which any cause under subparagraph 2 of Article 7 occurs at the workplace of eligible persons;
  5. On the date on which the self-employed insured moves into another household.
- (2) Where the eligibility of the insured changes under paragraph (1), the employer of the employee insured or the head of a household of the self-employed insured shall report the particulars to the insurer according to the following distinction as prescribed by Ordinance of the Ministry of Health and Welfare within fourteen days from the date on which the eligibility changes:
1. Where eligibility changes pursuant to subparagraphs 1 and 2 of paragraph (1): employer of the employee insured;
  2. Where there is a change in eligibility pursuant to subparagraphs 3 through 5 of paragraph (1): the head of a household of the self-employed insured.
- (3) Where the employee insured or the self-employed insured falls under subparagraph 3 or 4 of Article 54, the Minister of National Defense and the Minister of Justice shall inform the insurer as provided by Ordinance of the Ministry of Health and Welfare within one month from the date of such change.

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### **Article 10 | Date, etc. of Loss of Eligibility**

- (1) The insured shall lose his/her eligibility on the day he/she falls under any of the following subparagraphs:
1. The day after when he/she dies;
  2. The day after when he/she loses his/her nationality;
  3. The day after when he/she ceases to reside within the country;
  4. The day he/she becomes a dependent of an employee insured;
  5. The day he/she becomes an eligible recipient;
  6. The day a request for exclusion from coverage of the health insurance is made by a person formerly covered by health insurance but became a person eligible for medical care for distinguished service.
- (2) If eligibility is lost under paragraph (1), the employer of the relevant employee insured or the head of a household of the self-employed insured concerned shall report the particulars to the insurer as prescribed by Ordinance of the Ministry of Health and Welfare within 14 days after the date of loss of the eligibility.

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### **Article 11 | Confirmation of Acquisition, etc. of Eligibility**

- (1) Acquisition, change, or loss of the eligibility of the insured shall take effect retrospectively from the date of acquisition, change, or loss of the eligibility under Articles 8 through 10. In such cases, the insurer may confirm the fact thereof.
- (2) The insured or the former insured, or a dependent or a former dependent may request the confirmation referred to in paragraph (1).

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### **Article 12 | Health Insurance Card**

- (1) The National Health Insurance Service shall issue health insurance cards to the insured.

- (2) When the insured or his/her dependent receives health care benefit, he/she shall present the insurance card referred to in paragraph (1) to a health care institution referred to in Article 42 (1) (hereinafter referred to as "health care institution"): Provided, That this shall not apply if an unavoidable circumstance such as a natural disaster exists.
- (3) Notwithstanding the main sentence of paragraph (2), the insured or a dependent may not, if it is possible for a health care institution to ascertain his/her eligibility using his/her resident registration certificate, driver's license, passport, or other identification cards prescribed by Ordinance of the Ministry of Health and Welfare to verify his/her identity, submit his/her health insurance card.
- (4) Neither the insured nor his/her dependent may receive insurance benefits after losing his/her eligibility under Article 10 (1) by a document that had been used to certify his/her eligibility before. <Newly Inserted by Act No. 11787, May 22, 2013>
- (5) No person is allowed to arrange another person to receive insurance benefits by transferring or lending his/her health insurance card or identification card. <Newly Inserted by Act No. 11787, May 22, 2013>
- (6) No person is allowed to receive insurance benefits by transferring, borrowing, or fraudulently using, another person's health insurance card or identification card. <Amended by Act No. 11787, May 22, 2013>
- (7) Matters necessary with regard to the form of the health insurance card referred to in paragraph (1) and issuing and using it shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>

## **CHAPTER III NATIONAL HEALTH INSURANCE SERVICE**

### **Article 13 | Insurer**

The insurer of national health insurance shall be the National Health Insurance Service (hereinafter referred to as the "NHIS").

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### **Article 14 | Services, etc.**

(1) The NHIS shall administer the following:

1. Supervision of the eligibility of the insured and their dependents;
2. Imposition and collection of insurance contribution and other fees provided for in this Act;
3. Administration of insurance benefits;
4. Preventive programs prescribed by Presidential Decree, which are conducted by utilizing information on the current state of providing health care benefit and the results of medical examination for the purpose of early detection and prevention of diseases and health management of the insured and their dependents;
5. Payment of insurance benefit costs;
6. Programs for managing, operating and increasing its assets;
7. Operation of medical facilities;
8. Education and training and public relation in connection with health insurance;
9. Investigative research and international cooperation in connection with health insurance;
10. Matters prescribed by this Act as the service of the NHIS;
11. Operations entrusted under the National Pension Act, the Act on the Collection of Insurance Premiums, etc. for Employment Insurance and Industrial Accident Compensation Insurance, the Wage Claim Guarantee Act, and the Asbestos Injury Relief Act (hereinafter referred to as "applicable Acts to the entrustment of collection");
12. Other services entrusted under this Act or other statutes;
13. Others determined by the Minister of Health and Welfare as being necessary in connection with health insurance.

(2) Programs for managing, operating, and increasing assets under paragraph (1) 6 shall be carried out in accordance with each of the following methods taking the stability and profitability into consideration:

1. Making deposits or setting up trust at postal service offices or banks established under the Banking Act;
2. Purchase of securities issued directly, or fulfillment of the obligation thereof is guaranteed, by the State, local governments, or banks established under the Banking Act;
3. Purchase of securities issued by a corporation established under any Special Act;
4. Purchase of securities issued by trust business entities established under the Financial Investment Services and Capital Markets Act or collective investment business entities established under the same Act;
5. Acquisition of real estates for use in operating the NHIS or partial lease thereof ;
6. Other programs prescribed by Presidential Decree as necessary to increase the assets of the NHIS.

- (3) If a service is provided, or the use of the facilities of the NHIS is allowed to, a specific person, the NHIS may collect a service charge or a use fee for the provision of the service or the use of the facilities, as prescribed by the NHIS' articles of incorporation.
- (4) The NHIS shall disclose to the public the information that it maintains and manages in connection with health insurance as prescribed by the Official Information Disclosure Act.

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### **#Article 14 | Services, etc.**

- (1) The NHIS shall administer the following: <Amended by Act No. 14557, Feb. 8, 2017>
1. Supervision of the eligibility of the insured and their dependents;
  2. Imposition and collection of insurance contribution and other fees provided for in this Act;
  3. Administration of insurance benefits;
  4. Preventive programs prescribed by Presidential Decree, which are conducted by utilizing information on the current state of providing health care benefit and the results of medical examination for the purpose of early detection and prevention of diseases and health management of the insured and their dependents;
  5. Payment of insurance benefit costs;
  6. Programs for managing, operating and increasing its assets;
  7. Operation of medical facilities;
  8. Education and training and public relation in connection with health insurance;
  9. Investigative research and international cooperation in connection with health insurance;
  10. Services prescribed by this Act as the duties of the NHIS;
  11. Services entrusted under the National Pension Act, the Act on the Collection of Insurance Premiums, etc. for Employment Insurance and Industrial Accident Compensation Insurance, the Wage Claim Guarantee Act, and the Asbestos Injury Relief Act (hereinafter referred to as "applicable Acts to the entrustment of collection");
  12. Other services delegated under this Act or other statutes;
  13. Other services determined by the Minister of Health and Welfare as being necessary in connection with health insurance.
- (2) Programs for managing, operating, and increasing assets under paragraph (1) 6 shall be carried out in accordance with each of the following methods taking the stability and profitability into consideration:
1. Making deposits or setting up trust at postal service offices or banks established under the Banking Act;
  2. Purchase of securities issued directly, or fulfillment of the obligation thereof is guaranteed, by the State, local governments, or banks established under the Banking Act;
  3. Purchase of securities issued by a corporation established under any Special Act;
  4. Purchase of securities issued by trust business entities established under the Financial Investment Services and Capital Markets Act or collective investment business entities established under the same Act;
  5. Acquisition of real estates to be used in providing services of the NHIS or partial lease thereof ;
  6. Other programs prescribed by Presidential Decree as necessary to increase the assets of the NHIS.
- (3) If a service is provided, or the use of the facilities of the NHIS is allowed to, a specific person, the

NHIS may collect a service charge or a use fee for the provision of the service or the use of the facilities, as prescribed by the NHIS' articles of incorporation.

- (4) The NHIS shall disclose to the public the information that it maintains and manages in connection with health insurance as prescribed by the Official Information Disclosure Act.

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### **Article 15 | Legal Personality, etc. of NHIS**

- (1) The NHIS shall be a juristic person.
- (2) The NHIS shall be established upon registering its establishment at the seat of its main office.

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### **Article 16 | Office**

- (1) Location of the main office of the NHIS shall be determined by its articles of incorporation.
- (2) If necessary, the NHIS may establish branch offices as prescribed by its articles of incorporation.

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### **Article 17 | Articles of Incorporation**

- (1) The articles of incorporation of the NHIS shall state the following matters:
1. Objectives;
  2. Its name;
  3. Seat of office;
  4. Matters concerning its executive officers and employees;
  5. Management of board of directors;
  6. Matters concerning its financial operation committee;
  7. Matters concerning insurance contribution and insurance benefits;
  8. Matters concerning its budget and settlement of accounts;
  9. Matters concerning its assets and accounting;
  10. Services and execution thereof;
  11. Matters concerning amendment of the articles of incorporation;
  12. Matters concerning public announcements.
- (2) When the NHIS intends to modify its articles of incorporation, it shall obtain authorization from the Minister of Health and Welfare.

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### **Article 18 | Registration**

The registration of incorporation of the NHIS shall include the following matters:

1. Objectives;
2. Its name;
3. Seat of the main office and branch offices;
4. Name, address, and resident registration number of the president.

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### **Article 19 | Dissolution**

Matters regarding the dissolution of the NHIS shall be prescribed by Acts.



## Article 20 | Executive Officers

- (1) The NHIS shall have one president, fourteen directors, and one auditor, as its executive officers. In such cases, the president, five directors, and the auditor shall be standing.
- (2) The president shall be appointed by the President of the Republic of Korea upon recommendation of the Minister of Health and Welfare from among several persons recommended by the executive officer recommendation committee established under Article 29 of the Act on the Management of Public Institutions (hereinafter referred to as "executive officer recommendation committee").
- (3) Full-time directors shall be appointed by the president following the recommendation procedures prescribed by Ordinance of the Ministry of Health and Welfare.
- (4) As part-time directors, following persons shall be appointed by the Minister of Health and Welfare:
  1. Persons, each one of whom is recommended respectively by a labor union, employer organization, civil organization, consumer organization, agricultural and fisheries organization, and a senior citizens' organization;
  2. Three relevant public officials recommended as prescribed by Presidential Decree.
- (5) The auditor shall be appointed by the President of the Republic of Korea upon recommendation by the Minister of Strategy and Finance from among several persons recommended by the executive officer recommendation committee.
- (6) Part-time directors prescribed in paragraph (4) may receive reimbursement for actual expenses, as prescribed by the articles of incorporation.
- (7) The term of the office of the president shall be three years, and that of directors (excluding directors who are public officials) and auditor shall be two years respectively.

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## Article 21 | Collection Director

- (1) Among standing directors, a director who has extensive knowledge and experience in management, economy, and social insurance and who meets the qualification determined by Ordinance of the Ministry of Health and Welfare shall be appointed as a director in charge of the service under Article 14 (1) 2 and 11.
- (2) The NHIS shall have a committee for nominating collection directors (hereinafter referred to as "Nomination Committee") in order to nominate candidates for a collection director, having directors as its members. In such cases, a director nominated by the president shall be the chairperson of the Nomination Committee.
- (3) The Nomination Committee shall publish recruitment advertisement for a collection director on major daily newspapers, and in addition, may examine a candidate who is regarded as qualified, or request a specialized organization to examine such candidate.
- (4) The Nomination Committee shall screen persons recruited pursuant to paragraph (3) according to the candidate screening criteria for a collection director determined by Ordinance of the Ministry of Health and Welfare, and consult on the contract terms with the collection director nominee.
- (5) The president shall conclude a contract with the candidate for a collection director in accordance with the result of screening and consultation conducted under paragraph (4), and in such a case, a

standing director shall be deemed appointed under Article 20 (3).

- (6) Matters necessary for the consultation on contract terms under paragraph (4), contract conclusion, etc. under paragraphs (5) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 9690, May 21, 2009]

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## Article 22 | Duties of Executive Officer

- (1) The president shall represent the NHIS, exercise overall control over its services, and take responsibility for the management performance of the NHIS.
- (2) The standing directors shall conduct the services of the NHIS under the order of the president.
- (3) Where the president is unable to perform his/her duties due to any unavoidable cause, a standing director determined by the articles of incorporation shall act on behalf of the president, and where no standing director exists or a standing director is unable to perform such duties, an executive officer determined by articles of incorporation shall act on behalf of the president.
- (4) The auditor shall audit the services, accounting, and assets status of the NHIS.

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## Article 23 | Disqualification of Executive Officers

No person who falls under any of the following subparagraphs may become an executive officer of the NHIS:

1. A person who is not a national of the Republic of Korea;
2. A person falling under any subparagraph of Article 34 (1) of the Act on the Management of Public Institutions.

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## Article 24 | Obligatory Retirement and Dismissal of Executive Officers

- (1) If an executive officer falls under any of the subparagraphs of Article 23, or is confirmed to fall thereunder at the time of his/her appointment, he/she shall be obligated to retire.
- (2) If an executive officer falls under any of the following subparagraphs, the person with the power to appoint may dismiss him/her:
1. Where he/she is deemed unable to perform his/her duties due to mental disorders;
  2. Where he/she breaches an official duty;
  3. Where he/she causes loss to the NHIS by intention or gross negligence;
  4. Where he/she commits an act that damages his/her dignity, regardless of whether on duty or not;
  5. Where he/she violates an order of the Minister of Health and Welfare issued under this Act.

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## Article 25 | Prohibition, etc. of Concurrent Offices of Executive Officers

- (1) Standing executive officers and employees of the NHIS may not engage in another business for the purpose of making profit, in addition to the duties assigned to them.
- (2) Where a standing executive officer of the NHIS obtains permission from the person with the power to appoint or recommend, or where an employee of the NHIS obtains permission from the president thereof, such executive officer or employee may concurrently perform the services for non-profit purpose.

## Article 26 | Board of Directors

- (1) The NHIS shall have a board of directors in order to deliberate on and resolve important matters (referring to matters prescribed in Article 17 (1) of the Act on the Management of Public Institutions) of the NHIS.
  - (2) The board of directors shall be comprised of the president and directors.
  - (3) The auditor may appear before the board of directors to speak.
  - (4) Matters necessary with regard to the issues to be resolved by the board of directors and the operation of the board of directors shall be prescribed by Presidential Decree.
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## Article 27 | Appointment and Dismissal of Employees

The president shall appoint and dismiss employees as prescribed by the articles of incorporation.

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## Article 28 | Legal Fiction as Public Officials in Application of Penalty Provisions

The executive officers and the employees of the NHIS shall be deemed public officials for the purposes of Articles 129 through 132 of the Criminal Act.

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## Article 29 | Rules, etc.

Rules relevant to the organization, personnel management, remunerations, and accounting of the NHIS shall be determined with approval from the Minister of Health and Welfare after undergoing a resolution of the board of directors.

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## Article 30 | Selection and Appointment of Agent

The president may select and appoint an agent, from among the directors or employees of the NHIS, in order to have the agent act on behalf of him/her in all judicial or extra-judicial acts relevant to the services of the NHIS.

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## Article 31 | Limitation on Representation

- (1) In connection with the matters with regard to which the interests of the NHIS and the interests of the president are in conflict, the president is not allowed to represent the NHIS. In such cases, the auditor shall represent the NHIS.
  - (2) Paragraph (1) shall apply mutatis mutandis to any litigation between the NHIS and the president.
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## Article 32 | Delegation of Authority of President

From among the authority of the president referred to in this Act, those prescribed by Presidential Decree, including restriction of benefits and notice to pay insurance contribution, may be delegated to the head of a branch offices pursuant to the articles of incorporation.

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### Article 33 | Financial Operation Committee

- (1) The NHIS shall have a financial operation committee to deliberate on and resolve the matters related to insurance finance, such as contracts on the costs of health care benefit provided for in Article 45 (1), the deficit disposal provided for in Article 84.
- (2) The chairperson of the financial operation committee shall be elected by the committee from among the committee members referred to in Article 34 (1) 3.

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### Article 34 | Composition, etc. of Financial Operation Committee

- (1) The financial operation committee shall be comprised of the following members:
  1. Ten members representing the employee insured;
  2. Ten members representing the self-employed insured;
  3. Ten members representing the public interest.
- (2) As the members referred to in paragraph (1), the Minister of Health and Welfare shall appoint or commission the following persons:
  1. For members referred to in paragraph (1) 1, five recommended by the labor union and the other five by the employers' organization;
  2. For members referred to in paragraph (1) 2, persons recommended by the agricultural and fishery organization, the urban self-employed persons' organization, and the civil organization, as prescribed by Presidential Decree;
  3. For members referred to in paragraph (1) 3, relevant public officials or persons with extensive knowledge on and experience in health insurance who are prescribed by Presidential Decree.
- (3) The term of office of the financial operation committee members (excluding the members who are public officials) shall be two years: Provided, That the term of office of any member newly appointed to fill a vacancy of a resigned member, etc. shall be the remaining term of his/her predecessor.
- (4) Matters necessary with regard to the operation, etc. of the financial operation committee shall be prescribed by Presidential Decree.

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### Article 35 | Accounting

- (1) The fiscal year of the NHIS shall be based on the fiscal year of the Government.
- (2) The NHIS shall administer the finance of the employee insured and the self-employed insured in an integrated manner.
- (3) The NHIS shall keep the accounting for the health insurance program, and the national pension program, employment insurance program, industrial accident compensation insurance program, and wage claim guarantee program entrusted under the applicable Acts to the entrustment of collection separate from its other accounting.

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### Article 36 | Budget

The NHIS shall compile a budget bill for each fiscal year and obtain approval therefor from the Minister of Health and Welfare after a resolution of the board of directors. This shall also apply where

it intends to modify the budget. <Amended by Act No. 14084, Mar. 22, 2016>

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### **Article 37 | Loans**

The NHIS may borrow funds where a shortage of cash exists in making reimbursement: Provided, That it shall obtain approval from the Minister of Health and Welfare for any long-term loan with a term of at least one year.

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### **Article 38 | Reserve Fund**

- (1) Out of the fund remaining after the settlement of accounts for each fiscal year, the NHIS shall accumulate, as its reserve fund, an amount equivalent to at least 5/100 of the expenses required for cost of insurance benefits for that fiscal year until the fund reaches 50/100 of the expenses required for that fiscal year.
  - (2) The reserve fund referred to in paragraph (1) may not be used except where it is used to meet shortages in the expenses incurred in paying insurance benefits or where a shortage of cash exists in making reimbursement; where the shortage of cash in making reimbursement is met out of the reserve funds, the amount shall be made up for within the fiscal year concerned.
  - (3) Matters necessary for the method of managing, operating, etc. the reserve funds referred to in paragraph (1) shall be prescribed by the Minister of Health and Welfare.
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### **Article 39 | Settlement of Accounts**

- (1) The NHIS shall prepare a report on the statement of accounts and a report on business performance for each fiscal year and report to the Minister of Health and Welfare thereon by the end of February in the following year.
  - (2) When the NHIS reports to the Minister of Health and Welfare on its report on statement of accounts and business report under paragraph (1), it shall publicly announce the contents thereof as prescribed by Ordinance of the Ministry of Health and Welfare.
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### **Article 40 | Application Mutatis Mutandis of Civil Act**

Unless otherwise prescribed by this Act and the Act on the Management of Public Institutions, the provisions of the Civil Act that are relevant to an incorporated foundation shall apply mutatis mutandis to the NHIS.

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## **CHAPTER IV INSURANCE BENEFITS**

### **Article 41 | Health Care Benefit**

- (1) Korean nationals who reside within Korea shall become the insured of the health (1) Health care benefit referred to in the following subparagraphs shall be provided for diseases, injuries, childbirths, etc. of the insured and their dependents:
1. Diagnosis, medical examinations;
  2. Supply of medicines and materials for medical treatment;
  3. Treatment, surgery, or other types of medical care;
  4. Prevention, rehabilitation;
  5. Hospitalization;
  6. Nursing;
  7. Transfer.
- (2) The scope (hereinafter referred to as "health care benefit item") of health care benefit under paragraph (1) (hereinafter referred to as "health care benefit") shall be as follows: <Newly Inserted by Act No. 13985, Feb. 3, 2016>
1. Health care benefit specified in each subparagraph of paragraph (1) (excluding medicines under paragraph (1) 2): All except for the items determined to be non-benefit by the Minister of Health and Welfare under paragraph (4);
  2. Medicines under paragraph (1) 2: Medicines determined and publicly notified by the Minister of Health and Welfare as items eligible for health care benefit pursuant to Article 41-3.
- (3) Criteria for the method, procedure, scope, and upper limit of health care benefit shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 13985, Feb. 3, 2016>
- (4) In prescribing the criteria for health care benefit under paragraph (3), the Minister of Health and Welfare may determine medical treatment for ailments that do not cause difficulties at work or in daily life and other items determined by Ordinance of the Ministry of Health and Welfare, as items excluded from the items eligible for health care benefit (hereinafter referred to as "non-benefit item"). <Amended by Act No. 13985, Feb. 3, 2016>

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### **Article 41-2 | Exclusion, etc. of Medicines from Health Care Benefit**

- (1) The Minister of Health and Welfare may suspend the application of health care benefit for medicines referred to in Article 41 (1) 2 and related to the violation of Article 47 (2) of the Pharmaceutical Affairs Act, for a fixed period within the limit of one year.
- (2) Where a medicine suspended from the application of health care benefit under paragraph (1) becomes the subject of suspension under paragraph (1) again, the Minister of Health and Welfare may exclude it from the application of health care benefit, taking the total suspension period, severity of violation, etc. into consideration.
- (3) Criteria and procedures for the suspension of, and exclusion from, the application of health care benefit under paragraphs (1) and (2) and other necessary matters shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 12176, Jan. 1, 2014]

### **Article 41-3 | Determination of Whether Acts, Materials for Medical Treatment, or Medicines Are Health Care Benefit Items**

- (1) A health care institution referred to in Article 42, a manufacturer or importer of materials for medical treatment, and other persons prescribed by Ordinance of the Ministry of Health and Welfare shall request the Minister of Health and Welfare to determine whether an act relating to health care benefit under Article 41 (1) 1, 3, or 4 or a material for medical treatment under Article 41 (1) 2 (hereinafter referred to as "act or material for medical treatment"), which has not been determined to be a health care benefit item or non-benefit item, is a benefit or non-benefit item.
- (2) A manufacturer or importer of medicines under the Pharmaceutical Affairs Act and other persons prescribed by Ordinance of the Ministry of Health and Welfare may request the Minister of Health and Welfare to determine whether a medicine under Article 41 (1) 2 (hereinafter referred to as "medicine" in this Article), which is not included into health care benefit item, is a health care benefit item.
- (3) Upon receipt of a request under paragraph (1) or (2), the Minister of Health and Welfare shall determine whether the relevant item is benefit or non-benefit item, and then notify the applicant of his/her determination, within a period prescribed by Ordinance of the Ministry of Health and Welfare, except in extenuating circumstances.
- (4) Even if no request is made under paragraph (1) or (2), the Minister of Health and Welfare may determine, ex officio, whether any act, material for medical treatment, or medicine is a benefit or non-benefit item, in cases prescribed by Ordinance of the Ministry of Health and Welfare where such determination is necessary to treat patients.
- (5) Matters necessary for the timing, procedures and method for requesting a determination of a benefit or non-benefit item under paragraphs (1) and (2), entrustment with relevant business, etc. and matters concerning the procedures, method, etc. for determining a benefit or non-benefit item under paragraphs (3) and (4) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13985, Feb. 3, 2016]

### **#Article 41-4 | Selective Benefit**

- (1) Where economic feasibility, medical treatment effects, etc. are uncertain in determining health care benefit and thus additional grounds are required to verify them, where potential benefits exist for the recovery of health of the insured or their dependents despite low economic feasibility, or where Presidential Decree prescribes, the Minister of Health and Welfare may designate and provide selective benefit as preliminary health care benefit.
- (2) The Minister of Health and Welfare shall regularly assess the appropriateness of health care benefit in relation to selective benefit under paragraph (1) (hereinafter referred to as "selective benefit") according to the procedures and methods prescribed by Presidential Decree, thereby redetermining whether to provide health care benefit therefor and adjusting the criteria for health care benefit under Article 41 (3).

[This Article Newly Inserted by Act No. 14084, Mar. 22, 2016]

<<Enforcement Date: Mar. 23, 2017>>

## Article 42 | Health Care Institution

- (1) Health care benefit (excluding nursing and transfers) shall be provided by the health care institutions referred to in the following subparagraphs. In such cases, the Minister of Health and Welfare may exclude medical institutions, etc. determined by Presidential Decree, which are unfit as health care institutions for the public interest or for national policy reasons, from among health care institutions:
1. Medical institutions established under the Medical Service Act;
  2. Pharmacies registered under the Pharmaceutical Affairs Act;
  3. The Korea Orphan Drug Center established under Article 91 of the Pharmaceutical Affairs Act;
  4. Public health clinics, public health and health care centers, and branches of public health clinics referred to in the Regional Public Health Act;
  5. Public health clinics established under the Act on the Special Measures for Public Health and Medical Services in Agricultural and Fishing Villages, Etc.
- (2) If necessary for efficiently providing health care benefit, the Minister of Health and Welfare may recognize health care institutions meeting the standards prescribed by Ordinance of the Ministry of Health and Welfare, such as facilities, equipment, human resources, and medical departments, as specialized health care institutions, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, he/she shall issue a written recognition for each of the relevant specialized health care institutions.
- (3) If a health care institution recognized under paragraph (2) falls under any of the following cases, the Minister of Health and Welfare shall revoke such recognition:
1. Where it fails to meet the standards for recognition referred to in the forepart of paragraph (2);
  2. Where it returns the written recognition received under the latter part of paragraph (2).
- (4) Health care institutions recognized to be specialized health care institutions under paragraph (2) or tertiary hospitals under Article 3-4 of the Medical Service Act may set the procedure for health care benefit referred to in Article 41 (3) and the costs of health care benefit referred to in Article 45 differently from other health care institutions. <Amended by Act No. 13985, Feb. 3, 2016>
- (5) Health care institutions referred to in paragraphs (1), (2) and (4) may not refuse to provide health care benefit without any justifiable ground.

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## #Article 42-2 | Management of Provision of Selective Benefit by Health Care Institutions

- (1) Where any selective benefit requires data accumulation or medical use and management, the Minister of Health and Welfare may determine, in advance, the requirements for the provision of relevant selective benefit and only the health care institutions that satisfy such requirements may provide relevant selective benefit, notwithstanding Article 42 (1).
- (2) A health care institution which provides selective benefit pursuant to paragraph (1) shall submit data necessary to assess relevant selective benefit under Article 41-4 (2).
- (3) Where a health care institution fails to satisfy the requirements for the provision of selective benefit referred to in paragraph (1) or fails to submit data referred to in paragraph (2), the Minister of Health and Welfare may restrict the health care institution from providing relevant selective benefit.



- (4) The requirements for the provision of selective benefit referred to in paragraph (1), the submission of data referred to in paragraph (2), restrictions on the provision of selective benefit referred to in paragraph (3), and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 14084, Mar. 22, 2016]

<<Enforcement Date: Mar. 23, 2017>>

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### Article 43 | Reports on Current Status of Health Care Institutions

- (1) A health care institution shall, at the time it claims reimbursement of its first costs of health care benefit under Article 47, report on the current status of its facilities, equipment, human resource, etc. to the Health Insurance and Assessment Service (hereinafter referred to as the "Review and Assessment Service") established under Article 62.
- (2) Where any matter reported under paragraph (1) (limited to any matter related to the increase or reduction of the costs of health care benefit under Article 45) is changed, the health care institution shall report thereon to the Review and Assessment Service within 15 days from the date on which such change is made, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (3) Matters necessary for the scope, subject, method, and procedure, etc. of the reporting prescribed in paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### Article 44 | Co-Payment of Expenses

A person who receives health care benefit shall personally bear part of such expenses (hereinafter referred to as "individual co-payment") as prescribed by Presidential Decree.

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### #Article 44 | Co-Payment of Expenses

- (4) A person who receives health care benefit shall personally bear part of such expenses (hereinafter referred to as "co-payment"), as prescribed by Presidential Decree. In such cases, a higher share of co-payment may be applied to selective benefit than to other health care benefit. <Amended by Act No. 14084, Mar. 22, 2016>
- (2) Where the total amount of annual co-payment borne by the principal pursuant to paragraph (1) exceeds the amount prescribed by Presidential Decree (hereinafter referred to as "maximum amount of co-payment" in this Article), the NHIS shall bear such excess amount. <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (3) The maximum amount of co-payment referred to in paragraph (2) shall be determined in consideration of the income levels, etc. of the insured. <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (4) The method of calculating the maximum amount of co-payment, paying an amount in excess of the maximum amount of co-payment under paragraph (2), or determining the maximum amount of co-payment based on income levels of the insured and others under paragraph (3), and other necessary matters shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 14084, Mar. 22, 2016>

<<Enforcement date: Mar. 23, 2017>>

### **Article 45 | Calculation, etc. of Costs of Health Care Benefit**

- (1) The costs of health care benefit shall be determined by contract between the president of the NHIS and persons determined by Presidential Decree who represent the medical and pharmaceutical communities. In such cases, the term of the contract shall be one year.
- (2) If a contract is concluded under paragraph (1), it shall be deemed concluded between the NHIS and each individual health care institution.
- (3) A contract under paragraph (1) shall be concluded by May 31 of the year in which the expiration date of the term of the immediately preceding contract falls; if no contract is concluded within that period, the costs of health care benefit shall be determined by the Minister of Health and Welfare by no later than June 30 of the year in which the expiration date of the term of the immediately preceding contract falls after reaching a resolution thereon by the Deliberative Committee. In such cases, the costs of health care benefit determined by the Minister of Health and Welfare shall be deemed the costs of health care benefit determined by contract under paragraphs (1) and (2). <Amended by Act No. 11787, May 22, 2013>
- (4) If the costs of health care benefit are determined under paragraph (1) or (3), the Minister of Health and Welfare shall give public notice the particulars of the costs of health care benefit without delay.
- (5) The president of the NHIS shall conclude a contract under paragraph (1), subject to the deliberation and resolution of the Financial Operation Committee under Article 33.
- (6) When the president of the NHIS requests for materials necessary to conclude a contract under paragraph (1), the Review and Assessment Service shall sincerely comply therewith.
- (7) Details of a contract concluded under paragraph (1) and other necessary matters shall be prescribed by Presidential Decree.

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### **Article 46 | Calculation, etc. of Costs of Health Care Benefit for Medicines and Materials for Medical Treatment**

Notwithstanding Article 45, the costs of health care benefit for medicines and materials for medical treatment referred to in Article 41 (1) 2 (hereinafter referred to as "medicines and materials for medical treatment") may be calculated as prescribed by Presidential Decree, taking into consideration the purchase prices, etc. of the medicines and materials for medical treatment paid by the health care institutions.

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### **Article 47 | Claims for and Payment, etc. of Costs of Health Care Benefit**

- (1) A health care institution may claim the costs of health care benefit from the NHIS. In such cases, a request for review referred to in paragraph (2) shall be deemed a claim to the NHIS for the costs of health care benefit.
- (2) A health care institution which intends to claim the costs of health care benefit under paragraph (1) shall request the Review and Assessment Service for a review of the costs of health care benefit, and the Review and Assessment Service, in receipt of the request, shall review the matter and immediately notify the NHIS and the health care institution of the details of its review.

- (3) In receipt of the notification of the review details under paragraph (2), the NHIS shall immediately pay the costs of health care benefit to the health care institution in accordance with such details. In such cases, where the co-payment already paid is in excess of the amount notified under paragraph (2), the difference of the excess payment shall be subtracted from the amount to be paid to the health care institution and paid to the relevant insured.
- (4) The NHIS may, for accounting purposes, offset the amount to be paid to the insured under paragraph (3) against the insurance contributions and other collections under this Act which the relevant insured should pay (hereinafter referred to as "insurance contributions, etc.").
- (5) Where the Review and Assessment Service evaluates the appropriateness of health care benefit referred to in Article 63 and notifies it to the NHIS, the NHIS shall adjust the payment by increasing or reducing the costs of health care benefit in accordance with the results of the evaluation. In such cases, the standards for increased or reduced payment of the costs of health care benefit shall be prescribed by Ordinance of the Ministry of Health and Welfare.
- (6) A health care institution may authorize any of the following organizations to claim for a review referred to in paragraph (2) on its behalf:
1. The association of medical doctors, the association of dentists, the association of oriental medical doctors, and the association of midwives provided for in Article 28 (1) of the Medical Service Act or a branch office or a branch of each of those associations, each of which files a report pursuant to paragraph (6) of the same Article;
  2. The organization of medical institutions provided for in Article 52 of the Medical Service Act;
  3. The association of pharmacists provided for in Article 11 of the Pharmaceutical Affairs Act or a branch office or a branch of the association, which files a report pursuant to Article 14 of the same Act.
- (7) Matters necessary for the method and procedure for making the claim, review, payment, etc. of the costs of health care benefit referred to in paragraphs (1) through (6) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 47-2 | Withholding of Payment of Costs of Health Care Benefit**

- (1) Notwithstanding Article 47 (3), if the NHIS confirms, as the result of an investigation by an investigation agency, the fact that a health care institution that claims the payment of the costs of health care benefit has violated Article 33 (2) of the Medical Service Act or Article 20 (1) of the Pharmaceutical Affairs Act, it may withhold the payment of costs of health care benefit claimed by the relevant health care institution.
- (2) Before withholding the payment of the cost of health care benefit under paragraph (1), the NHIS shall provide the relevant health care institution with an opportunity to submit its opinion.
- (3) Where the suspicion that a health care institution under paragraph (1) has violated Article 33 (2) of the Medical Service Act or Article 20 (1) of the Pharmaceutical Affairs Act is not substantiated, such as by the final verdict of acquittal, the NHIS shall pay the relevant health care institution the interest for the period the payment of the costs of health care benefit is withheld in addition to the amount of health care benefit cost of which the payment is withheld.
- (4) Matters necessary for the procedure for withholding the payment, the procedure for submission

of opinions, etc. under paragraphs (1) and (2), and matters necessary for the payment procedure of the health care benefit cost of which the payment is withheld and its interest, the calculation of interest, etc. under paragraph (3) shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 12615, May 20, 2014]

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### **Article 48 | Verification of Eligibility for Health Care Benefit, etc.**

- (1) The insured or the dependent may request the Review and Assessment Service to verify whether part of the medical expenses he/she has borne, other than co-payment, is excluded from health care benefit items in accordance with Article 41 (4). <Amended by Act No. 13985, Feb. 3, 2016>
- (2) The Health Insurance and Assessment Service in receipt of a request for verification under paragraph (1) shall notify the person who requested the verification of its result. In such cases, if part of the medical expenses for which the verification is requested is verified to be entitled to health care benefit, the Review and Assessment Service shall notify the NHIS and the relevant health care institution of such facts.
- (3) A health care institution in receipt of a notice under the latter part of paragraph (2) shall refund, without delay, the amount it has collected in excess of the amount it should have collected to the person who requested the verification (hereinafter referred to as "over-paid co-payment"): Provided, That where the relevant health care institution fails to refund the over-paid co-payment, the NHIS may refund such over-paid co-payment to the person who requests for verification after deducting them from the health care benefit it is liable to pay to such health care institution.

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### **Article 49 | Health Care Costs**

- (1) Where the insured or dependent, due to emergency or other unavoidable reasons determined by Ordinance of the Ministry of Health and Welfare, receives health care for a disease, injury, childbirth, etc. at an institution determined by Ordinance of the Ministry of Health and Welfare and performs functions similar to those of a health care institution (including a health care institution placed under a period of suspension of operation under Article 98 (1)) or undergoes a childbirth at a place other than a health care institution, the NHIS shall disburse an amount equivalent to the health care benefit concerned to the insured or dependent as the health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) An institution that has provided health care under paragraph (1) shall issue to the recipient of health care a detailed health care cost statement or a receipt stating the particulars of the health care, as prescribed by the Minister of Health and Welfare, and the person who has received the health care shall submit such statement or receipt to the NHIS.

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### **Article 50 | Additional Benefits**

In addition to the health care benefit prescribed in this Act, the NHIS may subsidize medical expenses for pregnancy and childbirth, funeral costs, sickness allowances, and other benefits, as prescribed by Presidential Decree. <Amended by Act No. 11787, May 22, 2013>

### Article 51 | Special Rules for Persons with Disabilities

- (1) The NHIS may provide insurance benefits of supportive equipment for the disabled insured or defendant registered under the Act on Welfare of Persons with Disabilities and his/her dependents.
- (2) The scope, and method of, and procedure for the insurance benefits for supportive equipment referred to in paragraph (1), and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### Article 52 | Health Checkups

- (1) The NHIS shall provide health checkups for the insured and their dependents in order to facilitate early detection of diseases and subsequent health care benefit.
- (2) Candidates for, frequency of, and procedures for the health checkup referred to in paragraph (1), and other necessary matters shall be prescribed by Presidential Decree.

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### Article 53 | Restriction of Benefits

- (1) If a person who is eligible to receive insurance benefits falls under any of the following subparagraphs, the NHIS shall not provide any insurance benefit:
  1. Where he/she has caused criminal conduct by intention or gross negligence or caused an accident by intention;
  2. Where he/she has failed to follow health care-related instructions of the NHIS or the health care institution by intention or gross negligence;
  3. Where he/she has refused to submit the documents referred to in Article 55 or other items or evaded questions or medical checkups by intention or gross negligence;
  4. Where he/she receives or is eligible to receive insurance benefits or compensations under other statutes due to a disease, an injury, or a disaster incurred relating to his/her business or in the line of duty.
- (2) When a person who is eligible to receive health care benefit has received from the State or a local government benefit equivalent to the health care benefit or expenses equivalent to the costs of health care benefit under the provisions of other statutes, the NHIS shall not provide insurance benefits up to the limit of such amount.
- (3) Where the insured fails to pay the insurance contributions falling under any of the following subparagraphs for a period prescribed by Presidential Decree, the NHIS may not provide insurance benefits to the insured or his/her dependants until the delinquent insurance contributions are paid in full: Provided, That this shall not apply where the total number of failure to pay monthly insurance contributions is below the number prescribed by Presidential Decree (delinquent insurance contributions which have already been paid shall be excluded in calculating the number of failure), regardless of the period of delinquency in paying insurance contributions:
  1. insurance contributions based on monthly income referred to in Article 69 (4) 2;
  2. Insurance contributions per household referred to in Article 69 (5).
- (4) Where an employer liable to pay insurance contributions under Article 77 (1) 1 is delinquent in paying the insurance contributions based on monthly remuneration referred to in Article 69 (4) 1, paragraph (3) shall apply only if such delinquency is attributable to the employee insured himself/herself. In such

cases, the dependants of the relevant employee insured shall also be subject to paragraph (3).

- (5) Notwithstanding the provisions of paragraphs (3) and (4), where approval for the installment payment from the NHIS pursuant to the provisions of Article 82 is obtained and the approved insurance contributions are paid once or more, the insurance benefits may be provided: Provided, That the same shall not apply where anyone who has obtained approval for the installment payment pursuant to the provisions of Article 82 fails to pay the approved insurance contributions at least twice without any justifiable grounds therefor.
- (6) The insurance benefits received in the period during which no insurance benefits are to be provided pursuant to paragraphs (3) and (4) (hereafter referred to as "benefit suspension period" in this paragraph) shall be recognized as insurance benefits only in the following cases:
1. Where the insurance contributions in arrears are fully paid by the due date for its payment in the month to which the date on which two months lapse from the date when the NHIS has served a notice that insurance benefits were received during the benefit suspension period belongs;
  2. Where the insurance contributions for which installment payment is approved pursuant to Article 82 is paid at least once by the due date for its payment in the month to which the date on which two months lapse from the date when the NHIS has served a notice that insurance benefits were paid during the benefit suspension period belongs: Provided, That where anyone who has obtained approval for the installment payment pursuant to Article 82 fails to pay the approved insurance contributions on at least twice without justifiable grounds therefor, his/her eligibility for insurance benefits shall be denied.

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### **Article 54 | Suspension of Benefits**

When a person eligible to receive insurance benefits falls under any of the following subparagraphs, no insurance benefit shall be provided during that period: Provided, That in the cases of subparagraphs 3 and 4, the health care benefit under the provisions of Article 60 shall be provided:

1. When he/she is travelling abroad;
2. When he/she is engaged in business abroad;
3. When he/she falls under Article 6 (2) 2;
4. When he/she is committed to a correctional institution or equivalent facilities.

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### **Article 55 | Verification of Benefits**

If it is deemed necessary when providing insurance benefits, the NHIS may demand a person who receives insurance benefits to submit documents and other items or be subject to questioning or diagnosis by relevant personnel.

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### **Article 56 | Reimbursement of Health Care Costs, etc.**

When there is a claim for reimbursement of health care costs or for additional benefits the NHIS is obligated to provide under this Act, the NHIS shall pay or provide them without delay.

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### **Article 56-2 | Accounts for Receipt of Health Care Costs, etc.**

- (1) Where a recipient of health care costs who is paid in cash for insurance benefits under this

Act (hereinafter referred to as "health care costs, etc.") requests, the NHIS shall pay the health care costs, etc. into an account opened in the name of the recipient of health care (hereinafter referred to as "account for receipt of health care costs, etc."); Provided, That where an account transfer is impossible due to an information and communications problem or any other inevitable cause prescribed by Presidential Decree, it may pay the health care costs, etc., as prescribed by Presidential Decree, such as direct cash payment.

- (2) A financial institution at which an account for receipt of health care costs is opened shall ensure that only the health care costs, etc. are deposited into such account, and shall manage it.
- (3) Matters necessary for the methods of and procedures for application for, and the management of, an account for receipt of health care costs, etc. under paragraphs (1) and (2) shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 12615, May 20, 2014]

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### **Article 57 | Collection of Unjust Enrichment or Unjust Profit**

- (1) The NHIS shall collect all or part of an amount equivalent to the insurance benefits or the insurance benefit costs from a person who has received insurance benefits or a health care institution that has received insurance benefit costs by fraud or other improper means.
- (2) Where a health care institution that has received insurance benefit costs by fraud or other improper means under paragraph (1) falls under any of the following subparagraphs, the NHIS may require the person who has established such health care institution to pay the money collectable under paragraph (1), severally or jointly with such health care institution: <Newly Inserted by Act No. 11787, May 22, 2013>
  1. A medical institution established and operated by a person who is not eligible to establish the institution due to the violation of Article 33 (2) of the Medical Service Act, by borrowing the license of a medical specialist or the name of a medical corporation, etc.;
  2. A pharmacy established and operated by a person who is not eligible to establish the pharmacy due to the violation of Article 20 (1) of the Pharmaceutical Affairs Act, by borrowing the license of a pharmacist, etc.
- (3) Where insurance benefits have been provided based on a false report or false testimony of the employer or the insured, or false diagnosis by a health care institution, the NHIS may require payment of the money collectable under paragraph (1) from such person or institution jointly with the person who received the insurance benefits. <Amended by Act No. 11787, May 22, 2013>
- (4) The NHIS may require payment of the money collectable under paragraph (1) from the insured who belongs to the same household as the person who has received insurance benefits by fraud or other improper means (referring to the employee insured if the person who has received the insurance benefits by fraud or other improper means is a dependent) severally or jointly with the person who has received the insurance benefits by deceit or other unjust means. <Amended by Act No. 11787, May 22, 2013>
- (5) Where a health care institution has received health care benefit from the insured or his/her dependent by fraud or other improper means, the NHIS shall collect the amount thereof from the health care institution concerned and disburse it to the insured or his/her dependent without

delay. In such cases, the NHIS may offset the amount payable to the insured or his/her dependent against the insurance contributions, etc. to be paid by such insured or his/her dependent. <Amended by Act No. 11787, May 22, 2013>

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### **Article 58 | Rights to Demand Reimbursement**

- (1) When the NHIS has provided an insurance benefit to the insured or dependent because the grounds for the insurance benefit have arisen due to the act of a third party, the NHIS shall have the right to claim compensation from the third party up to the amount of the expenses incurred for the benefit concerned.
- (2) Where the person who receives the insurance benefit has already received compensation for the loss from the third party under paragraph (1), the NHIS shall withhold the insurance benefit, up to the amount of such compensation.

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### **Article 59 | Protection of Entitlement to Benefits**

- (1) Entitlement to receive insurance benefits shall be unalienable and unseizable. <Amended by Act No. 12615, May 20, 2014>
- (2) Health care costs, etc. paid into an account for receipt of health care costs under Article 56-2 (1) shall not be seized. <Newly Inserted by Act No. 12615, May 20, 2014>

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### **Article 60 | Payment of Costs of Health Care Benefit to Soldiers, etc. in Active Service**

- (1) Where any person who falls under subparagraphs 3 and 4 of Article 54 has received medical care, etc. prescribed by Presidential Decree (hereafter referred to as "health care benefit" in this Article) at a health care institution, the NHIS may pay the costs necessary therefor (hereafter referred to as the "costs of health care benefit" in this Article) to be borne by it, after receiving a deposition from the Minister of Justice, Minister of National Defense, Minister of Public Safety and Security, or Commissioner General of the National Police Agency. In such cases, the Minister of Justice, Minister of National Defense, Minister of Public Safety and Security, or Commissioner General of the National Police Agency shall, as prescribed by Presidential Decree, deposit in advance the annual costs of health care benefit anticipated, except for the inevitable cases in their budgets. <Amended by Act No. 12844, Nov. 19, 2014>
- (2) Articles 41, 41-4, 42, 42-2, 44 through 48, 55, and 56 shall apply mutatis mutandis to the matters concerning the health care benefit and costs of health care benefit. <Amended by Act No. 14084, Mar. 22, 2016>

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### **Article 61 | Settlement of Costs of Health Care Benefit**

Where the Korea Workers' Compensation and Welfare Service under Article 10 of the Industrial Accident Compensation Insurance Act claims costs of health care benefit for the health care benefit already paid pursuant to Article 40 of the Industrial Accident Compensation Insurance Act to a person eligible to receive the health care benefit pursuant to this Act because of the cancellation of the decision to pay the relevant health care benefit, the NHIS may pay an amount equivalent to the health



care benefit on the condition that the health care benefit are accepted to be an amount equivalent to health care benefit providable pursuant to this Act.

## **CHAPTER V HEALTH INSURANCE REVIEW AND ASSESSMENT SERVICE**

### **Article 62 | Establishment**

In order to review the costs of health care benefit and evaluate the appropriateness of health care benefit, the Health Insurance Review and Assessment Service shall be established.

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### **Article 63 | Services, etc.**

(1) The Review and Assessment Service shall be in charge of the services referred to in the following subparagraphs:

1. Review of the costs of health care benefit;
2. Evaluation of the appropriateness of health care benefit;
3. Development of criteria for review and evaluation;
4. Investigative research and international cooperation related to the services referred to in subparagraphs 1 through 3;
5. Services delegated to it in connection with review of the costs of benefits or evaluation of the appropriateness of medical care that are provided for under the provisions of other Acts;
6. Services determined by the Minister of Health and Welfare to be necessary in connection with the health insurance program;
7. Other services prescribed by Presidential Decree in connection with review of the costs of insurance benefits and evaluation of the appropriateness of insurance benefits.

(2) The criteria, procedures, methods, etc. relevant to the evaluation of the appropriateness of health care benefit referred to in paragraph (1) 2 and 7, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 64 | Legal Personality, etc.**

(1) The Review and Assessment Service shall be a juristic person.

(2) The Review and Assessment Service shall come into existence with the registration of its establishment at the seat of its main office.

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### **Article 65 | Executive Officers**

(1) The Review and Assessment Service shall have the president, 15 directors, and one auditor as its executive officers. In this case, the president, four directors, and the auditor shall be standing. <Amended by Act No. 13985, Feb. 3, 2016>

(2) The president shall be appointed by the President of the Republic of Korea upon recommendation of the Minister of Health and Welfare from among the plural number of persons recommended by the executive officer recommendation committee.

(3) Standing directors shall be appointed by the president following the recommendation procedures prescribed by Ordinance of the Ministry of Health and Welfare.

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- (4) As non-standing directors, ten persons from among the persons falling under the following subparagraphs and one relevant public official recommended as prescribed by Presidential Decree shall be appointed by the Minister of Health and Welfare:
  1. One person recommended by the NHIS;
  2. Five persons recommended by a medicine related organization;
  3. Persons, each one of whom is recommended respectively by a labor unions' group, an employers' organization, a consumer organization, and an agricultural and fishing organization.
- (5) The auditor shall be appointed by the President upon recommendation of the Minister of Strategy and Finance from among the plural number of persons recommended by executive officer recommendation committee.
- (6) Non-standing directors prescribed in paragraph (4) may receive reimbursement for actual expenses, as prescribed by the articles of incorporation.
- (7) The term of office of the president shall be three years, and that of directors (excluding a director who is a public official) and the auditor shall be two years, respectively.

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## Article 66 | Medical Treatment Review Committee

- (1) In order to efficiently conduct the services of the Review and Assessment Service, a medical treatment review committee (hereinafter referred to as "review committee") shall be established under the Review and Assessment Service.
- (2) The review committee shall be comprised of no more than 90 full-time review members, including the chairperson of the committee, and no more than 1,000 part-time review members, and it may establish a subcommittee for each area of medical specialization. <Amended by Act No. 13985, Feb. 3, 2016>
- (3) Full-time review members referred to in paragraph (2) shall be appointed by the president of the Review and Assessment Service from among the persons prescribed by Ordinance of the Ministry of Health and Welfare.
- (4) Part-time review members referred to in paragraph (2) shall be commissioned by the president of the Review and Assessment Service from among the persons prescribed by Ordinance of the Ministry of Health and Welfare.
- (5) If a review member falls under any of the following subparagraphs, the president of the Review and Assessment Service may dismiss or remove him/her:
  1. Where he/she is deemed incapable of performing his/her duties due to a mental disorder;
  2. Where he/she breaches or neglects an official duty;
  3. Where he/she causes loss to the Review and Assessment Service by intention or gross negligence;
  4. Where he/she does an act that causes injury to his/her dignity, regardless of whether on duty or off duty;
- (6) Necessary matters concerning the qualifications and the term of office of the members of the review committee, the organization and operation of the committee, etc., other than those prescribed in paragraph (1) through (5), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

### **Article 67 | Fundraising and Others**

- (1) The Review and Assessment Service may collect charge from the NHIS to provide the service referred to in Article 63 (1) (excluding the service referred to in Article 63 (1) 5).
- (2) Where services related to review of the costs of benefits or evaluation of the appropriateness of medical care are entrusted to the Review and Assessment Service under Article 63 (1) 5, the Review and Assessment Service may collect a fee from the delegator.
- (3) The amount and collecting method of the charge and fee referred to in paragraphs (1) and (2) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 68 | Provisions Applicable Mutatis Mutandis**

@Articles 14 (3) and (4), 16, 17 (excluding Article 17 (1) 6 and 7), 18, 19, 22 through 32, 35 (1), 36, 37, 39 and 40 shall apply mutatis mutandis in regard to the Review and Assessment Service. In this regard, the "NHIS" shall be deemed the "Review and Assessment Service" and the "president of the NHIS" shall be deemed the "president of the Review and Assessment Service," respectively.  
<Amended by Act No. 11787, May 22, 2013>

## **CHAPTER VI INSURANCE CONTRIBUTION**

### **Article 69 | Insurance Contribution**

- (1) To meet the expenses incurred for the health insurance program, the NHIS shall collect insurance contribution from the persons obligated to pay insurance contribution referred to in Article 77.
- (2) The insurance contribution referred to in paragraph (1) shall be collected from the month following that in which the date on which the insured becomes eligible falls until the month in which the date before the date on which the insured loses his/her eligibility falls: Provided, That where the eligibility of the insured is obtained on the first day of any month, it shall be collected from the relevant month.
- (3) In collecting insurance contribution under paragraphs (1) and (2), where the eligibility of the insured has been altered, the insurance contribution of the month whereto belongs the altered day shall be collected on the basis of eligibility prior to such alteration: Provided, That where the eligibility of the insured is altered on the first day of any month, it shall be collected on the basis of the altered eligibility.
- (4) The amount of the monthly insurance contribution for the employee insured shall be the amount calculated as follows:
  1. The amount of insurance contribution based on monthly remuneration: The amount obtained by multiplying the amount of monthly remuneration calculated under Article 70 by the insurance contribution rate under Article 73 (1) or (2);
  2. The amount of insurance contribution based on the monthly income: The amount obtained by multiplying the amount of monthly income calculated under Article 71 by 50/100 of the insurance contribution rate under Article 73 (1) or (2).
- (5) The amount of the monthly insurance contribution for the self-employed insured shall be calculated per unit of household, but the insurance contribution per month for the household to which the self-employed insured belongs shall be the amount obtained by multiplying the monetary value per contribution point under Article 73 (3) by the contribution points calculated under Article 72.

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### **Article 70 | Amount of Monthly Remuneration**

- (1) The amount of monthly remuneration of the employee insured provided for in Article 69 (4) 1 shall be calculated on the basis of the amount of remuneration received by each of the employee insured and the upper limit and the lowest limit thereof may be set according to the standards prescribed by Presidential Decree.
- (2) Insurance contribution based on monthly remuneration for the insured to whom a part or all of his/her remuneration is not paid due to a leave of absent from office or other circumstances (hereinafter referred to as a "person temporarily retiring from office, etc.") shall be calculated on the basis of the monthly remuneration amount for the month before the occurrence of the circumstance in question.
- (3) Remunerations referred to in paragraph (1) shall mean money and other valuables (excluding anything in the nature of reimbursement for expenses) that workers, etc. receive from employers, the State or local governments for providing their labor, which are determined by Presidential

Decree. In this case, if it falls under the cases prescribed by Presidential Decree, such as there are no data relating to the remunerations or they are indistinct, the amount determined and publicly notified by the Minister of Health and Welfare shall be regarded as the remunerations.

- (4) Matters necessary for the calculation, etc. of the amount of monthly remuneration referred to in paragraph (1) and the calculation, etc. of the amount of monthly remuneration for unremunerated employers shall be prescribed by Presidential Decree.

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### **Article 71 | Amount of Monthly Income**

- (1) Where the amount of income of the employee insured excluding the amount of remuneration included in the calculation of the amount of monthly remuneration under Article 70 (hereinafter referred to as "extra income other than remuneration") exceeds the amount prescribed by Presidential Decree, the amount of monthly income shall be calculated on the basis of the amount of the extra income other than remuneration, and the upper limit thereof may be set according to the standards prescribed by Presidential Decree.
- (2) Matters necessary for the calculation of the amount of monthly income, including the standards for and method of the calculation, shall be prescribed by Presidential Decree.

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### **Article 72 | Contribution Point**

- (1) The contribution point provided for in the provisions of Article 69 (5) shall be set taking into account the income, property, standard of living, and the participation rate in economic activities, etc. of each of the self-employed insured and the upper limit and the lowest limit thereof may be set according to the criteria prescribed by Presidential Decree.
- (2) In determining the method and criteria for calculating the contribution point under the provisions of paragraph (1), assets in relation to which exercise of property rights is restricted under statutes may be treated differently from other assets.
- (3) Methods and criteria for calculating contribution points and other necessary matters shall be prescribed by Presidential Decree.

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### **Article 73 | Insurance Contribution Rate, etc.**

- (1) Insurance contribution rates for the employee insured shall be determined by Presidential Decree, within the limit of 80/1,000 after undergoing a resolution of the Deliberative Committee.
- (2) Insurance contribution rates for the employee insured who is engaged outside of Korea for business operations shall be 50/100 of the insurance contribution rate determined under the provisions of paragraph (1).
- (3) The monetary value per contribution point for each of the self-employed insured shall be determined by Presidential Decree after undergoing deliberation by the Deliberative Committee.

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### **Article 74 | Exemption from Insurance Contribution**

- (1) Where the employee insured falls under any of subparagraphs 2 through 4 of Article 54, the NHIS shall exempt him/her from payment of insurance contribution: Provided, That the employee insured

falling under subparagraph 2 of Article 54 shall be exempted from paying insurance contribution only if he/she does not have any dependent who resides within Korea.

- (2) Where the self-employed insured falls under any of subparagraphs 2 through 4 of Article 54, contribution points referred to in Article 72 shall be excluded from calculation of the insurance contribution for the household to which such insured belongs:
- (3) For the exemption of insurance contribution under paragraph (1) or the contribution point to be exempted from the computation of insurance contribution under paragraph (2), it shall apply from the month following the month whereto belongs the day on which the reasons for allowance suspension falling under any of subparagraphs 2 through 4 of Article 54 occurs to the month whereto belongs the day on which the reasons cease to exist: Provided, That where the reasons for allowance suspension cease to exist on the first day of each month, the insurance contribution of relevant month shall not be exempted, or the contribution point shall not be exempted from the computation of insurance contribution.

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### **Article 75 | Reduction, etc. of Insurance Contribution**

- (1) With respect to the insured prescribed by Ordinance of the Ministry of Health and Welfare from among the following insured, part of the insurance contribution of the insured or the households to which the insureds belong may be reduced:
1. Persons who reside on islands, in remote areas and agricultural and fishery communities, etc. prescribed by Presidential Decree;
  2. Persons who are at least 65 years old;
  3. Disabled persons who are registered pursuant to the Act on Welfare of Persons with Disabilities;
  4. Persons who have rendered distinguished service for the State, provided for in Article 4 (1) 4, 6, 12, 15, or 17 of the Act on the Honorable Treatment of and Support for Persons, etc. of Distinguished Service to the State;
  5. Persons who take a leave of absent from office;
  6. Other persons designated and publicly notified by the Minister of Health and Welfare as the persons whose insurance contribution need to be reduced on the grounds of the economic hardship and natural disaster, etc.
- (2) Where a person obligated to pay insurance contribution under Article 77 falls under any of the following, he/she may be granted such financial benefits as reduction of insurance contribution, etc. as prescribed by Presidential Decree: <Newly Inserted by Act No. 11787, May 22, 2013>
1. Where he/she receives a billing of insurance contribution by means of an electronic document under Article 79 (2);
  2. Where he/she pays insurance contribution by means of automatic account transfer.
- (3) Methods and procedures for reducing insurance contribution under paragraph (1) and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>

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### **Article 76 | Burden of Insurance Contribution**

- (1) The insurance contribution for the employee insured shall be borne, 50/100 each, by the employee insured and the person referred to in the following classifications: Provided, That where the

employee insured is a school employee working for a private school, 50/100, 30/100, and 20/100 of the amount of the insurance contribution shall be borne by the said employee insured, the person prescribed in subparagraph 2 (c) of Article 3, and the State, respectively: <Amended by Act No. 12176, Jan. 1, 2014>

1. Where the employee insured is a worker: The employer prescribed in subparagraph 2 (a) of Article 3;
  2. Where the employee insured is a public official: The State or the local government to which that public official belongs;
  3. Where the employee insured is a school employee (excluding school employees working for private schools): The employer prescribed in subparagraph 2 (c) of Article 3.
- (2) Insurance contribution based on monthly income of the employee insured shall be borne by the employee insured.
- (3) The insurance contribution for the self-employed insured shall be borne jointly by all the self-employed insured who reside in the same household as the said insured does.
- (4) Where the employee insured is a school employee, and if an employee prescribed in subparagraph 2 (c) of Article 3 is unable to bear the whole amount to be borne, the deficiency may be made to be borne from the account of the school. <Newly Inserted by Act No. 12176, Jan. 1, 2014>

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### **Article 77 | Obligation for Payment of Contribution**

- (1) Insurance contribution of the employee insured shall be paid by the person prescribed as follows pursuant to the following classifications:
1. Insurance contribution based on monthly remuneration: In such cases, where the workplace has more than two employers, the employers of the workplace shall jointly pay the insurance contribution of the relevant employee insured;
  2. Insurance contribution based on monthly income: The employee insured.
- (2) Insurance contribution of the self-employed insured shall be paid jointly by all the self-employed insured of a household to which the insured belong: Provided, That minors who meet the criteria prescribed by Presidential Decree in consideration of income, property, standard of living, the rate of participation in economic activities, etc. shall not be liable to pay insurance contribution.
- (3) An employer shall pay the portion of the insurance contribution for the month to be borne by the employee insured out of the insurance contribution based on monthly remuneration by deducting it from his/her remunerations. In such cases, the employer shall inform the employee insured of the amount of deduction.

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### **Article 77-2 | Secondary Payment Obligation**

- (1) Where any deficit exists even after a corporation's property has been used to cover insurance contribution, arrears, and expenses for disposition on default to be paid by the corporation, a partner with unlimited liability or oligopolistic stockholder as of the date obligation for payment of the insurance contribution was imposed on the corporation (referring to a person falling under any subparagraph of Article 39 of the Framework Act on National Taxes) shall have secondary payment obligation for such deficit: Provided, That in the case of an oligopolistic stockholder, the amount



of payment shall not exceed an amount obtained by dividing the deficit either by the total number of stocks (excluding nonvoting stocks) issued or by the total amount of investment made by the corporation, and then by multiplying the resulting amount either by the number of stocks (excluding nonvoting stocks) or the investment amount over which the oligopolistic stockholder exercises the substantial rights.

- (2) Where business has been transferred or acquired by transfer, and any deficit exists even after the transferor's property has been used to cover insurance contribution, arrears, and expenses for disposition on default the payment obligation for which was imposed on the transferor before the transfer date, the business transferee shall have secondary payment obligation for such deficit, within the value of property acquired by transfer. In such cases, the scope of the transferee and the value of property acquired by transfer shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 13985, Feb. 3, 2016]

### Article 78 | Due Date for Payment of Insurance Contribution

- (1) A person who is liable to pay insurance contribution under Article 77 (1) and (2) shall pay the insured's insurance contribution for the applicable month by the tenth day of the following month: Provided, That insurance contribution based on monthly income of the employee insured and insurance contribution of the self-employed insured may be paid quarterly, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>

- (2) Where any cause or event prescribed by Ordinance of the Ministry of Health and Welfare, such as delay in the delivery of billing of payment, occurs, the NHIS may extend the payment due date up to one month from the payment due date provided under paragraph (1) at the request of the person obligated to make such payment, notwithstanding paragraph (1). In such cases, matters relating to the method and procedures for applying for the extension of payment due date and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 11787, May 22, 2013>

### Article 78-2 | Additional Charge

- (1) Where an employer of a workplace falsely reports to the insurer a person, who constitutes the grounds prescribed by Presidential Decree and is therefore ineligible for the employee insured, as the employee insured, in violation of Article 8 (2) or 9 (2), the NHIS shall impose, on the employer, and collect additional charge equivalent to 10/100 of the amount obtained by subtracting the amount referred to in subparagraph 2 from the amount referred to in subparagraph 1:

1. The total amount of insurance contribution to be paid by the insured who was reported by the employer as the employee insured in the period during which the insured was managed as the employee insured, pursuant to Article 69 (5);
2. The total amount of insurance contribution calculated pursuant to Article 69 (4) and imposed by the NHIS on the relevant insured during the period referred to in subparagraph 1.

- (2) Notwithstanding paragraph (1), the NHIS may not collect additional charge, in cases prescribed by Presidential Decree, such as where additional charge are small sums or where it is deemed inappropriate to collect additional charge.

[This Article Newly Inserted by Act No. 14084, Mar. 22, 2016]

### Article 79 | Billing of Contribution, etc.

- (1) When the NHIS intends to collect insurance contribution, etc., it shall determine the amount thereof and make a billing to each person who is obligated to pay it by means of a written notice wherein the following matters are stated:
  1. Types of insurance contribution, etc. to be collected;
  2. Amount subject to be paid;
  3. Due date for and place of payment.
- (2) If requested by a person obligated to pay the insurance contribution, the NHIS may, when a billing is to be made under paragraph (1), notify it by means of an electronic document, such as exchange of electronic messages. In such cases, matters necessary for the method, procedures, etc. to apply for a notice by means of an electronic document shall be prescribed by Ordinance of the Minister of Health and Welfare. <Amended by Act No. 13985, Feb. 3, 2016>
- (3) Where the NHIS makes a billing by means of an electronic document under paragraph (2), it shall be deemed received by the person obligated to make payment at the time it is saved on the information and communications network prescribed by Ordinance of the Ministry of Health and Welfare or entered into the address of an electronic mail designated by the person obligated to make payment.
- (4) Where the employers of the employee insured are two or more persons or where a household of the self-employed insured consists of two or more persons, a notice made to any one of them shall be deemed to take its effect to all other employers of the relevant workplace or all the other the self-employed insured who are the relevant household members.
- (5) The billing made to a person taking leave of absence etc. may be postponed until the time the reason for leave of absence, etc. disappears, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (6) Where the NHIS makes a billing to a person who has secondary payment responsibility under Article 77-2, it shall notify such fact to the employer that is the relevant corporation or to the business transferor. <Amended by Act No. 13985, Feb. 3, 2016>

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### Article 79-2 | Payment of Contribution, etc. by Credit Cards, etc.

- (1) The person who pays insurance contribution, etc., the billing of which is made by the NHIS may pay them by credit card, debit card, etc. (hereafter referred to as "credit card, etc." in this Article) through an institution, etc. prescribed by Presidential Decree for vicarious payment of insurance contribution, etc. (hereafter referred to as "institution for vicarious payment of insurance contribution, etc." in this Article). <Amended by Act No. 14557, Feb. 8, 2017>
- (2) Where payment is made by credit card, etc. under paragraph (1), the date on which the institution for vicarious payment of insurance contribution, etc. approves it shall be deemed the date of payment.
- (3) An institution for vicarious payment of insurance contribution, etc. may collect fees from payers of insurance contribution, etc. in return for its vicarious payment of insurance contribution, etc.
- (4) Matters necessary for the designation and operation of institutions for vicarious payment of

insurance contribution, etc., fees, etc. shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 12615, May 20, 2014]

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### Article 80 | Arrears

- (1) If a person obligated to pay insurance contribution, etc. fails to pay insurance contribution, etc. by the payment due date, the NHIS shall collect arrears calculated by adding an amount equivalent to 1/1,000 of the insurance contribution, etc. in arrears thereto each day from the date payment thereof becomes overdue. In such cases, the arrears shall not exceed 30/1,000 of the insurance contribution, etc. in arrears. <Amended by Act No. 13985, Feb. 3, 2016>
- (2) If a person obligated to pay insurance contribution, etc. fails to pay insurance contribution, etc. in arrears, the NHIS shall collect another additional charge equivalent to 1/3,000 of the insurance contribution, etc. in arrears in addition to the arrears under paragraph (1) each day from the date 30 days elapses after the payment due date. In such cases, the arrears shall not exceed 90/1,000 of the insurance contribution, etc. in arrears. <Amended by Act No. 13985, Feb. 3, 2016>
- (3) If any natural disaster occurs or any other extenuating circumstance prescribed by Ordinance of Ministry of Health and Welfare exists, collection of arrears referred to paragraphs (1) and (2) may be forgone, notwithstanding paragraphs (1) and (2).

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### Article 81 | Overdue Notice of Insurance Contribution, etc. and Disposition on Default

- (1) Where a person who is liable to pay insurance contribution, etc. pursuant to Articles 57, 77, 77-2, 78-2, and 101 fails to pay the insurance contribution, etc., the NHIS may make an overdue notice by the specified period. In such cases, where the number of employers of the employee insured is at least two, or the household of the self-employed insured consists of two or more members, an overdue notice made to any of the employers or any of the household members shall be deemed effective regarding the other employers of the relevant workplace or the other self-employed insured who are the members of the household. <Amended by Act No. 13985, Feb. 3, 2016; Act No. 14084, Mar. 22, 2016>
- (2) Where an overdue notice is being made under paragraph (1), a payment period of at least 10 days, but no more than 15 days shall be determined and a letter of overdue notice shall be issued.
- (3) Where a person who receives an overdue notice referred to in paragraph (1) fails to pay the insurance contribution, etc. by the payment due date, the NHIS may collect it in the same manner as national taxes in arrears are collected, after obtaining approval from the Minister of Health and Welfare.
- (4) Where the NHIS determines that an asset seized in the same manner as national taxes in arrears are collected under paragraph (3) is not appropriate to be auctioned directly by it because expert knowledge is necessary for the public auction or because of other special circumstances, the NHIS may have the Korea Asset Management Corporation established under the Act on the Efficient Disposal of Non-Performing Assets, etc. of Financial Companies and the Establishment of Korea Asset Management Corporation (hereinafter referred to as the "Korea Asset Management Corporation") conduct the auction on behalf of the NHIS, and in which case the auction shall be deemed to have been conducted by the NHIS.

- (5) Where the Korea Asset Management Corporation conducts an auction on behalf of the NHIS under paragraph (4), the NHIS may pay a fee, as prescribed by Ordinance of the Ministry of Health and Welfare.

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### Article 81-2 | Provision of Data concerning Disposition on Default or Deficits

- (1) Where any centralized credit information collection agency provided for in Article 25 (2) 1 of the Use and Protection of Credit Information Act requests data concerning the personal information, amount in arrears, or amount written off, of any of the following defaulters or persons whose amount in arrears is written off (hereafter referred to as "data concerning default, etc." in this Article), the NHIS may provide such data, if necessary for the collection of insurance contribution or for public interest: Provided, That this shall not apply where any administrative appeal or administrative litigation is pending in connection with the insurance contribution in arrears or any other amount collectable under this Act, or where any other cause or event prescribed by Presidential Decree occurs:
1. A person in whose case the total amount of insurance contribution remaining unpaid for a period exceeding one year from the following day of the due date for payment under this Act, other amount to be paid, and the disposition fee for arrears under this Act is not less than five million won;
  2. A person in whose case the total amount written off under Article 84 is not less than five million won.
- (2) Matters relating to the procedures for the provision of data concerning arrear, etc. shall be prescribed by Presidential Decree.
- (3) No person who is provided with data concerning arrear, etc. under paragraph (1) shall divulge or use them for any purpose other than for performing his/her official duties.

[This Article Newly Inserted by Act No. 11787, May 22, 2013]

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### Article 81-3 | Certification of Payment of Insurance Contribution

- (1) Where a person obligated to pay insurance contribution under Article 77 (hereinafter referred to as "person obligated to make payment" in this Article) receives the price for a construction project, manufacture, purchase, service or any other contract prescribed by Presidential Decree from the State, a local government, or a public institution referred to in Article 4 of the Act on the Management of Public Institutions (hereinafter referred to as "public institution" in this Article), the person shall certify the fact that he/she has paid insurance contribution, subsequent arrears and expenses for disposition on default: Provided, That the same shall not apply to cases prescribed by Presidential Decree, including where a person obligated to make payment intends to pay all or some of the price for a contract with insurance contribution in arrear.
- (2) Where a person obligated to make payment needs to certify that he/she has made payment under paragraph (1), the competent government agency or public institution in charge of a contract under paragraph (1) may inquire with the NHIS to confirm whether the person has paid the insurance contribution, subsequent arrears and expenses for disposition on default after obtaining consent from the person, instead of certifying payment under paragraph (1).

[This Article Newly Inserted by Act No. 13985, Feb. 3, 2016]

### **Article 82 | Installment Payments of Insurance Contribution in Arrears**

- (1) With respect to a person who has been in arrear with insurance contribution three times or more, the NHIS may grant approval for his/her payment of insurance contribution in installments, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) Where a person who is approved to pay insurance contribution in installments pursuant to paragraph (1) fails to pay the approved insurance contribution at least twice without any justifiable grounds therefor, the NHIS shall revoke its approval for payment of his/her insurance contribution in installments.
- (3) Necessary matters concerning procedures, methods and standards, etc. for approval, and the revocation of approval to pay insurance contribution in installments shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 83 | Disclosure of Personal Information of Payers in Arrear with Large Amount or in Habitual Arrears**

- (1) Where a person who has defaulted in the payment of insurance contribution, arrears and expenses for disposition on default (including insurance contribution, arrears and expenses for disposition on default which has been written off under Article 84 but the extinctive prescription for which has not run out) which have been in arrears for more than two years from the day following the payment due date under this Act in the amount of not less ten million won in total despite the fact that he/she has the ability to pay them, the NHIS may disclose his/her personal information, amount in arrears, etc. (hereafter referred to as "personal information, etc." in this Article): Provided, That, this shall not apply where any administrative appeal or administrative litigation is pending or where any cause prescribed by Presidential Decree, such as partial payment of the amount in arrears, exists.
- (2) The Deliberative Committee on Disclosure of insurance contribution Information shall be established in the NHIS in order to deliberate on whether to disclose personal information, etc. under paragraph (1) of persons in arrear.
- (3) The Deliberative Committee on Disclosure of Insurance Contribution Information shall provide persons who are subject matter of disclosure of personal information, etc. an opportunity to defence themselves by notifying in writing that they shall be subject to the disclosure, and select the persons subject to the disclosure after six months lapse from the date of such notification taking into consideration the fulfillment, etc. of their obligation to pay the amount in arrears.
- (4) Personal information, etc. of persons in arrear under paragraph (1) shall be disclosed by means of publication in the official gazette or posting on the website of the NHIS.
- (5) Matters necessary for the criteria for the ability to make payment, procedures for disclosure, organization, and operation of the committee, etc. concerning the disclosure of personal information, etc. of persons in arrear under paragraphs (1) through (4) shall be prescribed by Presidential Decree.

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### **Article 84 | Dispositions on Deficit**

- (1) Where any of the following grounds occurs, the NHIS may write off insurance contribution, etc. as

deficit after obtaining a resolution of the financial operation committee:

1. Where the disposition on default is concluded and the portion to be appropriated for the amount in arrears is insufficient for meeting the amount in arrears;
  2. Where the extinctive prescription for the claim concerned has run out;
  3. Cases determined by Presidential Decree where the possibility of collection is recognized nonexistent.
- (2) Where the NHIS discovers the existence of other seizable assets after the disposition on loss under paragraph (1) 3, it shall immediately cancel the disposition and effect a disposition on default.

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### **Article 85 | Precedence of Collection of Insurance Contribution, etc.**

Insurance contribution, etc. shall be collected before other claims except for national taxes and local taxes: Provided, That this shall not apply to the claims guaranteed by a right to lease on a deposit basis, a pledge right, a mortgage, or a security right pursuant to the Act on Security over Movable Property, Claims, Etc. where an asset of which the registration of establishment of a right to lease on a deposit basis, a pledge right, a mortgage, or a security right pursuant to the Act on Security over Movable Property, Claims, Etc. has been verified is sold prior to the due date for the payment of the insurance contribution, and the insurance contribution is collected from the proceeds from sale of such asset.

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### **Article 86 | Appropriation for and Return of Insurance Contribution, etc.**

- (1) Where any payment of the insurance contribution, etc., arrears, or expenses for disposition on default is overpaid or erroneously paid by a person liable to make such payment, the NHIS shall immediately determine the overpayment or erroneous payment as a refund.
- (2) The refund referred to in paragraph (1) shall be appropriated for any insurance contribution, etc., arrears, or expenses for disposition on default yet to be paid as prescribed by Presidential Decree, and any balance remaining after the appropriation shall be disbursed to the payer within 30 days after the date of the determination referred to in paragraph (1). In such cases, when the NHIS appropriates or disburses a refund, it shall add interest prescribed by Presidential Decree to the refund.

## **CHAPTER VII FILING OF OBJECTIONS AND REQUESTS FOR TRIAL, ETC.**

### **Article 87 | Raising an Objection**

- (1) A person not satisfied with the decisions of the NHIS on the qualification, insurance contribution, etc., insurance benefits, and insurance benefit costs for the insured or his/her dependents, may formally raise such objection to the NHIS.
- (2) The NHIS, a health care institution, or other entity not satisfied with the decisions of the Review and Assessment Service on evaluation, etc. of the appropriateness of the costs of health care benefit and health care benefit may formally raise the objection to the Review and Assessment Service.
- (3) Any objection referred to in paragraphs (1) and (2) (hereinafter referred to as "filing of objection") shall be filed in writing within 90 days after the date the person became aware of such decision and shall not be filed after 180 days from the date on which the decision is made: Provided, That this shall not apply where an explanation is made that the objection within the relevant period could not be raised due to a legitimate reason.
- (4) Notwithstanding the main sentence of paragraph (3), where a health care institution intends to file an objection to the verification of the Health Insurance Review and Assessment Service referred to in Article 48, it shall do so within 30 days from the date on which it receives notice referred to in paragraph (2) of the same Article.
- (5) Matters necessary for the method of raising an objection and decision thereon, and notice of the decision, etc., other than those prescribed in paragraph (1) through (4), shall be prescribed by Presidential Decree.

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### **Article 88 | Requests for Trial**

- (1) A person who appeals against a decision on an objection filed may request the Health Insurance Dispute Mediation Committee for a trial pursuant to Article 89. In such cases, Article 87 (3) shall apply mutatis mutandis to a request for trial.
- (2) A person who intends to request a trial pursuant to paragraph (1) shall submit a request for trial prescribed by Presidential Decree to the NHIS or the Review and Assessment Service, whichever of the two made a decision pursuant to Article 76 (1) or (2) or with the Health Insurance Dispute Mediation Committee under Article 89.
- (3) Matters necessary for the procedure and method for filing a request for trial, decision, notification of such decision, etc., other than those prescribed in paragraphs (1) and (2), shall be prescribed by Presidential Decree.

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### **Article 89 | Health Insurance Dispute Mediation Committee**

- (1) The Health Insurance Dispute Mediation Committee (hereinafter referred to as the "Dispute Mediation Committee") shall be established under the Ministry of Health and Welfare to deliberate

on and resolve requests for trial pursuant to Article 88.

- (2) The Dispute Mediation Committee shall be comprised of up to 60 committee members, including a chairperson, and one committee member, excluding the chairperson, shall be an ex officio member. <Amended by Act No. 12176, Jan. 1, 2014>
- (3) The meetings of the Dispute Mediation Committee shall have a total of nine members, being the chairperson, one ex officio member, and seven committee members as designated by the chairperson each time a meeting is held.
- (4) Resolutions of the Dispute Mediation Committee shall be passed by the attendance of the majority of committee members under paragraph (3) and affirmative voting of the majority of those present.
- (5) A secretariat shall be established under the Dispute Mediation Committee to provide assistance at working level. <Newly Inserted by Act No. 12176, Jan. 1, 2014>
- (6) Matters necessary for the organization, operation, etc. of the Dispute Mediation Committee and the secretariat, other than those prescribed in paragraphs (1) through (5), shall be prescribed by Presidential Decree. <Amended by Act No. 12176, Jan. 1, 2014>
- (7) For the purposes of applying Articles 129 through 132 of the Criminal Act, a member of the Dispute Mediation Committee who is not a public official shall be deemed a public official. <Newly Inserted by Act No. 13985, Feb. 3, 2016>

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## Article 90 | Administrative Litigation

A person who has an objection to a decision of the NHIS or the Review and Assessment Service or a person who protests against a decision on the objection raised under Article 87 or a request for trial filed under Article 88 may institute an administrative action pursuant to the Administrative Litigation Act.



## **CHAPTER VIII SUPPLEMENTARY PROVISIONS**

### **Article 91 | Prescription**

- (1) The extinctive prescription of the following rights shall become complete if not exercised for three years: <Amended by Act No. 14084, Mar. 22, 2016>
1. Entitlement to collect insurance contribution, arrears, and additional charges;
  2. Entitlement to be refunded any excessive or mistaken amount paid as insurance contribution, arrears, or additional charges;
  3. Entitlement to receive an insurance benefit;
  4. Entitlement to receive reimbursement of insurance benefit costs;
  5. Entitlement to receive a refund of excess individual co-payment under the latter part of Article 47 (3);
  6. A right of the Korea Workers' Compensation and Welfare Service under Article 61.
- (2) The prescription referred to in paragraph (1) shall be interrupted by an occurrence of any of the following events:
1. A notice or overdue notice of insurance contribution;
  2. A claim for insurance benefit or insurance benefit costs.
- (3) The extinctive prescription of the right to collect insurance contribution from a person who takes a leave of absence, etc. shall not, if notification is suspended pursuant to Article 79 (5), proceed until the reason for leave of absence, etc. ceases to exist.
- (4) Except for matters prescribed in this Act, the term of extinctive prescription pursuant to paragraph (1), interruption of prescription pursuant to paragraph (2) and suspension of prescription pursuant to paragraph (3) shall be in accordance with the Civil Act.

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### **Article 92 | Calculation of Periods**

Except as otherwise provided for in this Act, the provisions of the Civil Act that are relevant to periods shall apply mutatis mutandis to the calculation of the periods prescribed by this Act or by orders under this Act.

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### **Article 93 | Protection of Rights and Interests of Workers**

An employer who employs workers at all places of business who do not fall under any subparagraph of Article 6 (2) shall not prevent the workers he/she has employed from becoming the employee insured under this Act or take a measure that is injurious to the workers, such as denial of a worker's promotion or wage increase or the dismissal of a worker, for the purpose of evading an increase of the employer's share to be borne by the employer in question and without any justifiable ground therefor.

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### **Article 94 | Reporting, etc.**

- (1) The NHIS may require an employer, the employee insured, or the head of a household to report the following matters or to submit relevant documents (including those recorded by an electronic method): <Amended by Act No. 11787, May 22, 2013>
1. The change of residence of the insured;

2. The remuneration and income of the insured;
  3. Other matters necessary for the health insurance program.
- (2) Where the NHIS recognizes a necessity for factual verification of the materials reported or submitted under paragraph (1), the NHIS may require employees under its charge to investigate the matters in question.
- (3) The NHIS's employees who conduct an investigation under paragraph (2) shall carry documents indicating their authority and produce them to related persons.

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### **Article 95 | Forwarding, etc. of Data on Reduction or Omission of Income**

- (1) Where the NHIS recognizes that remuneration, income, etc. reported under Article 94 (1) is reduced or omitted, it may forward in writing the matters on income reduction or omission to the Commissioner of the National Tax Service through the Minister of Health and Welfare.
- (2) Where the Commissioner of the National Tax Service conducts any tax investigation under related Acts, such as the Framework Act on National Taxes, on the matters forwarded under paragraph (1), he/she shall forward the matters on the remuneration or income, from among the results of relevant investigation to the NHIS.
- (3) Matters necessary for forwarding procedures under paragraphs (1) and (2) and other necessary matters shall be prescribed by Presidential Decree.

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### **Article 96 | Furnishing of Materials**

- (1) The NHIS may request the State, local governments, health care institutions, insurance companies, and actuarial organizations under the Insurance Business Act, public institutions under the Act on the Management of Public Institutions, other public organizations, etc. to furnish the data prescribed by Presidential Decree on resident registration, family relation registration, national taxes, local taxes, land, buildings, immigration control, etc. to perform the following: <Amended by Act No. 12615, May 20, 2014>
1. Implementation of health insurance programs, such as supervision of eligibility of the insured and their dependents, imposition and collection of insurance contribution, and administration of insurance benefits;
  2. Services referred to in Article 14 (1) 11.
- (2) The Review and Assessment Service may request the State, local governments, health care institutions, insurance companies, and actuarial organizations under the Insurance Business Act, public institutions under the Act on the Management of Public Institutions, other public organizations, etc. to furnish the data prescribed by Presidential Decree on resident registration, immigration control, medical records, supply of medicine and medical supplies, etc. to examine the costs of health care benefit and to assess the appropriateness of health care benefit. <Amended by Act No. 12615, May 20, 2014>
- (3) Those that have received request to furnish materials under paragraphs (1) and (2) shall sincerely comply therewith.
- (4) Where the NHIS or the Review and Assessment Service requests health care institutions,

insurance companies or actuarial organizations under the Insurance Business Act to furnish the data referred to in paragraph (1) or (2), it shall forward a written request for the furnishing of data which states the grounds and reasons for the request for the data, persons and period subject to the furnishing of the data, time limit for furnishing the data, data to be furnished, etc. <Newly Inserted by Act No. 14084, Mar. 22, 2016>

- (5) Fees, commissions, etc. shall be exempted for the materials furnished to the NHIS or the Review and Assessment Service by the State, local governments, health care institutions, insurance contribution rate computing organizations under the Insurance Business Act and other public institutions and public organizations under paragraphs (1) and (2). <Amended by Act No. 14084, Mar. 22, 2016>

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### Article 96-2 | Preservation of Documents

- (1) Each health care institution shall keep the documents related to any claim for costs of health care benefit under Article 47 for five years from the date of end of provision of such health care benefit, as prescribed by Ordinance of the Ministry of Health and Welfare: Provided, That pharmacies and other health care institutions prescribed by Ordinance of the Ministry of Health and Welfare shall keep prescriptions for three years from the date the relevant costs of health care benefit are claimed.
- (2) Each employer shall keep documents related to health insurance including management of the eligibility requirements and calculation of insurance contribution for three years, as prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 11787, May 22, 2013]

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### Article 97 | Reports and Inspections

- (1) The Minister of Health and Welfare may order an employer, the employee insured, or the head of a household to report or submit materials on the relocation, remuneration, income, and other necessary matters of the insured or require public officials under his/her charge to question relevant persons or inspect relevant documents.
- (2) The Minister of Health and Welfare may require a health care institution (including any institution that has provided health care under Article 49) to report on the matters relevant to insurance benefits, such as the provision of health care and medicine, or submit relevant documents or require public officials under his/her charge to question relevant persons or inspect relevant documents.
- (3) The Minister of Health and Welfare may require a person who has received an insurance benefit to report on the details of the insurance benefit concerned or require public officials under his/her charge to question the person.
- (4) The Minister of Health and Welfare may order an organization that is assigned to vicariously file claims for examining costs of health care benefit pursuant to Article 47 (6) (hereinafter referred to as "vicarious claim organization") to submit necessary materials or require public officials under his/her charge to investigate and verify the materials, etc. pertaining to the vicarious claims.
- (5) Public officials who conduct an investigation under any of paragraph (1) through (4) shall carry documents indicating their authority and produce them to related persons.

## Article 98 | Suspension of Operation

- (1) Where a health care institution falls under any of the following subparagraphs, the Minister of Health and Welfare may order the health care institution to suspend its operation by specifying a period of within one year: <Amended by Act No. 13985, Feb. 3, 2016>
1. Where it places the burden of costs of health care benefit on the insurer, the insured, or dependent by fraud or other improper means;
  2. Where it violates the order referred to in Article 97 (2), files a false report, or rejects, interferes with, or evades an inspection or questioning by a public official belonging to competent authorities;
  3. Where it performs or uses an act or material for medical treatment for the insured or their dependents by fraud or other improper means and then places the burden of costs on the insured or their dependents, without applying for the determination under Article 41-3 (1) without any justifiable grounds.
- (2) A person who has been ordered to suspend operation under the provisions of paragraph (1) shall not provide health care benefit during the period of suspension of the operations in question.
- (3) The effect of the disposition of suspension of operation under paragraph (1) shall be succeeded by a person who takes over the health care institution for which such disposition has been made, a corporation which survives after a merger, or a corporation established by a merger, and in cases where any procedure of the disposition of suspension of operation is pending, it may proceed with respect to the transferee, the corporation which continues to exist after a merger or the corporation established by a merger: Provided, That the same shall not apply to a transferee or corporation surviving a merger in cases where he/she or it proves that he/she or it was unaware of such disposition or the fact of violation.
- (4) A person who is subject to the disposition of the suspension of operation under paragraph (1) or a person for whom the procedure of the disposition of suspension of operation is under way shall notify, without delay, a transferee, a corporation surviving a merger or a corporation incorporated in the course of a merger of the fact that it is subject to an administrative disposition or the fact that the procedure of an administrative disposition is under way under the conditions as prescribed by Presidential Decree as prescribed by Ordinance of the Ministry of Health and Welfare.
- (5) The standards of administrative disposition by the type, degree, etc. of violating acts which are subject to the suspension of operation under paragraph (1), and other necessary matters shall be prescribed by Presidential Decree.

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## Article 99 | Penalty Surcharges

- (1) Where a health care institution is subject to the disposition of suspension of operation by falling under Article 98 (1) 1 or 3, if such disposition causes a serious inconvenience to persons who use a health care institution or if any special causes prescribed by the Minister of Health and Welfare are deemed to exist, the Minister of Health and Welfare may impose and collect a penalty surcharge in the amount not exceeding five times the amount to be imposed on conducts by fraud or other improper methods in lieu of the disposition of suspension of operation. In such cases, the Minister of Health and Welfare may have it paid in installments within 12 months. <Amended by Act No. 13985, Feb. 3, 2016>

- (2) Where the Minister of Health and Welfare deems there exists a special ground on worries on that the suspension or exclusion of any medicine from health care benefit under Article 41-2 (1) or (2) may cause serious hazard to national health, he/she may, in lieu of the suspension or exclusion thereof from the health care benefit, impose and collect a penalty surcharge up to 40% of the total amount of health care benefit for the relevant medicine, as prescribed by Presidential Decree. In such cases, the Minister of Health and Welfare may have it paid in installments within 12 months. <Newly Inserted by Act No. 12176, Jan. 1, 2014>
- (3) The total amount of costs of health care benefit for the relevant medicine to be prescribed by Presidential Decree under paragraph (2) shall not exceed the total amount of health care benefit paid for one year taking into consideration the record, etc. of health care benefit for the relevant medicine paid in the past. <Newly Inserted by Act No. 12176, Jan. 1, 2014>
- (4) Where a person liable to pay a penalty surcharge under paragraph (1) fails to make such payment by a due date thereof, the Minister of Health and Welfare shall cancel the disposition of imposing the penalty surcharge in accordance with the procedures prescribed by Presidential Decree, and then shall take a disposition of suspending operation under Article 98 (1) or collect it in the same manner as delinquent national taxes are collected: Provided, That if it is impracticable to take a disposition of suspending operation under Article 92 (1) due to discontinuance, etc. of business of the relevant health care institution, a penalty surcharge shall be collected in the same manner as delinquent national taxes are collected. <Amended by Act No. 12176, Jan. 1, 2014; Act No. 14084, Mar. 22, 2016>
- (5) Where a person liable to pay a penalty surcharge under paragraph (2) fails to make such payment by a due date thereof, the Minister of Health and Welfare shall collect it in the same manner as delinquent national taxes are collected. <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (6) If necessary for collecting a penalty surcharge, the Minister of Health and Welfare may file a written request to furnish tax information with the head of the tax office or the head of the relevant local government wherein following matters are stated: <Amended by Act No. 12176, Jan. 1, 2014; Act No. 14084, Mar. 22, 2016>
1. Personal information of a taxpayer;
  2. Purpose of use;
  3. Grounds and standards for imposition of the penalty surcharge.
- (7) No penalty surcharges collected under paragraphs (1) and (2) shall be used for any purpose, other than the following: <Amended by Act No. 12176, Jan. 1, 2014; Act No. 14084, Mar. 22, 2016>
1. Funds that the NHIS provides as costs of health care benefit pursuant to Article 47 (3);
  2. Support for the emergency medical service fund referred to in the Emergency Medical Service Act.
- (8) The amount of penalty surcharges under paragraphs (1) and (2), necessary matters for the payment thereof, the amount of support from penalty surcharges by use referred to in paragraph (7), procedure for use, and other necessary matters shall be prescribed by Presidential Decree. <Amended by Act No. 12176, Jan. 1, 2014; Act No. 14084, Mar. 22, 2016>

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## Article 100 | Publication of Fact of Violation

- (1) If a health care institution which has received an administrative disposition under Article 98 or 99 because of claims for costs of health care benefit in falsehood by falsifying or forging relevant

documents falls under any of the following subparagraphs, the Minister of Health and Welfare may publish the act of violation, details of disposition, the name and address of the relevant health care institution, the name of the representative of the relevant health care institution, and other matters prescribed by Presidential Decree which are necessary to distinguish it from other health care institutions. In such cases, the motive, degree, frequency, results, etc. of the violation shall be taken into consideration in deciding whether to make such publication:

1. Where the amount claimed in falsehood exceeds fifteen million won;
  2. The rate of amount claimed in falsehood exceeds 20/100 of the total amount of costs of health care benefit.
- (2) The Minister of Health and Welfare shall establish and operate the Health Insurance Publication Deliberation Committee (hereafter referred to as the "Publication Deliberation Committee" in this Article) to deliberate on whether to make a publication, etc. under paragraph (1).
- (3) The Minister of Health and Welfare shall notify a health care institution which becomes subject to publication, undergoing the deliberation by the Publication Deliberation Committee of the fact that it is subject to publication, in order to provide it with an opportunity to submit explanatory materials or appear to make a statement of opinion.
- (4) The Minister of Health and Welfare shall select health care institutions to become subject to publication after the Publication Deliberation Committee re-deliberates health care institutions to be subject to publication, taking into account explanatory materials or statements of opinion referred to in paragraph (3).
- (5) Matters necessary for the procedure for and method of publication, organization and operation, etc. of the Publication Deliberation Committee other than those prescribed in paragraphs (1) through (4) shall be prescribed by Presidential Decree.

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### **Article 101 | Prohibited Acts of Manufacturers, etc.**

- (1) No manufacturer, operator of a manufacture by entrustment and sale business, importer nor distributor of drugs under the Pharmaceutical Affairs Act nor a manufacturer, importer, repairer, distributor and lessor of medical devices under the Medical Devices Act (hereinafter referred to as "manufacturer, etc.") shall cause any loss to the insurer, the insured or his/her dependent by committing any of the following acts, in determining items eligible for health care benefit pursuant to Article 41-3 or in calculating the costs of health care benefit pursuant to Article 46, in relation to medicines and materials for medical treatment: <Amended by Act No. 13985, Feb. 3, 2016>
1. Engaging in an act of a health care institution referred to in Article 98 (1) 1;
  2. Submitting false data to the Ministry of Health and Welfare, the NHIS, or the Review and Assessment Service;
  3. Exercising influence over the determination of items eligible for health care benefit and the calculation of the costs of health care benefit, by a deceit or by unjust means prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) In order to ascertain whether a manufacturer, etc. has committed any violation of paragraph (1), the Minister of Health and Welfare may conduct a necessary investigation, such as issuing an order to the relevant manufacturer, etc. to submit the documents concerned, or assigning public officials under his/her control to ask questions to the related persons or inspect the documents

concerned. In such cases, the competent public officials shall carry documents indicating their authority and produce them to related persons.

- (3) Where a manufacturer, etc. commits an act causing any loss to the insurer, the insured or his/her dependent in violation of paragraph (1), the NHIS shall collect an amount equivalent to the loss (hereinafter referred to as "amount equivalent to the loss" in this Article) from such manufacturer, etc. <Newly Inserted by Act No. 13985, Feb. 3, 2016>
- (4) The NHIS shall pay the insured or his/her dependent an amount corresponding to the loss he/she has sustained, out of the amount equivalent to the loss collected pursuant to paragraph (3). In such cases, the NHIS may offset the amount to be paid to the insured or his/her dependent by the insurance contribution, etc. to be paid by him/her. <Newly Inserted by Act No. 13985, Feb. 3, 2016>
- (5) The procedures for calculating, imposing, and collecting the amount equivalent to the loss referred to in paragraph (3), the payment method therefor, and other necessary matters shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 13985, Feb. 3, 2016>

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### **Article 102 | Maintaining Information, etc.**

No person who has been or is engaged in the services of the NHIS, the Review and Assessment Service, or a vicarious claim organization shall do any of the following acts: <Amended by Act No. 14084, Mar. 22, 2016>

1. Using personal information (referring to personal information defined in subparagraph 1 of Article 2 of the Personal Information Protection Act; hereinafter referred to as "personal information") of the insured or their dependents for any purpose other than performing his/her duties, or providing such information to a third party without any justifiable grounds;
2. Using any information learned in the course of performing his/her duties (excluding personal information referred to in subparagraph 1) for any purpose other than performing his/her duties, or providing such information to a third party.

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### **Article 103 | Supervision of NHIS, etc.**

- (1) In order for the NHIS and the Review and Assessment Service to achieve their management goals, the Minister of Health and Welfare may supervise them, such as ordering them to report on the following programs or services or inspecting the conditions of their programs, services or property:
  1. Services of the NHIS set forth in Article 14 (1) 1 through 13, and services of the Review and Assessment Service set forth in Article 63 (1) 1 through 7;
  2. Projects related to satisfying the management guidelines prescribed in Article 50 of the Act on the Management of Public Institutions;
  3. Services entrusted to the NHIS and the Review and Assessment Service under this Act or other statutes;
  4. Other projects related to the matters prescribed by related statutes.
- (2) The Minister of Health and Welfare may, where necessary for supervision under paragraph (1), order to amend the articles of incorporation or regulations, or order other necessary dispositions.

### **Article 104 | Payment of Monetary Rewards, etc.**

- (1) The NHIS may pay a reward to a person who reports a health care institution that has been paid costs of health care benefit by fraud or other improper means.
- (2) The NHIS may give an incentive to a health care institution that has contributed to the efficient financial management of health insurance. <Newly Inserted by Act No. 11787, May 22, 2013>
- (3) Matters necessary for the criteria for and scope of payment of a reward and incentive, procedure and method of payment, and other necessary matters pertaining to paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>

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### **Article 105 | Prohibition from Use of Similar Names**

- (1) No person, other than the NHIS or the Review and Assessment Service, shall use such names as the National Health Insurance Service, Health Insurance Review and Assessment Service, or other names similar thereto.
- (2) A person, other than one who conducts a health insurance program prescribed by this Act, shall be prohibited from using the term, "national health insurance" in an insurance contract or in the name of an insurance contract.

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### **Article 106 | Disposal of Small Sums**

Where an amount to be collected or returned is less than 2,000 won in one case (excluding any individual co-payment refund and any amount to be paid to the insured or his/her dependent, which may be disposed of by offsetting under Article 47 (4), the latter part of Article 57 (5), and the latter part of Article 101 (4)), the NHIS shall not collect or return such amount. <Amended by Act No. 11787, May 22, 2013; Act No. 13985, Feb. 3, 2016>

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### **Article 107 | Disposal of Fractional Sum**

In calculating the expenses related to insurance contribution, etc. and insurance benefits, fractional sums under Article 47 of the Management of the National Funds Act shall be excluded from the calculation.

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### **Article 108 | Government's Subsidies for Insurance Finance**

- (1) The State shall subsidize an amount equivalent to 14/100 of the amount of anticipated revenues from insurance contribution for the relevant year to the NHIS from the National Treasury each year within budgetary limits.
- (2) The National Health Promotion Fund under the National Health Promotion Act may provide funds to the NHIS, as prescribed by the same Act.
- (3) The NHIS shall appropriate financial resources provided pursuant to paragraph (1) for the following purposes: <Amended by Act No. 11787, May 22, 2013>
  1. Insurance benefits for the insured and their dependents;



2. Operational expenses for the health insurance business;
  3. Subsidies needed to reduce insurance contribution pursuant to Articles 75 and 110 (4).
- (4) The NHIS shall use the funds provided pursuant to paragraph (2) for the following businesses:
1. Projects undertaken to enhance health, such as health checkup;
  2. Insurance benefits paid to treat diseases suffered by the insured and their dependents that are caused by smoking;
  3. Insurance benefits paid to the aged who are at least 65 years old, from among the insured and their dependents.
- <<By Article 2 of the Addenda No. 1114 on December 31, 2011, this Article shall remain effective until December 31, 2016>>

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### Article 109 | Special Rules for Foreigners, etc.

- (1) The Government may arrange for separate health insurance for the workers at a workplace where a foreign government is the employer, in consultation with the foreign government.
- (2) An overseas Korean national or a foreigner residing in the Republic of Korea (hereinafter referred to as "foreigner, etc. residing in Korea) who is an employee, public official, or school employee of a workplace of eligible persons shall become the employee insured, notwithstanding Article 5, if he/she does not fall under any subparagraph of Article 6 (2) but falls under any of the following: <Amended by Act No. 14084, Mar. 22, 2016>
1. A person who is registered pursuant to Article 6 (1) 3 of the Resident Registration Act;
  2. A person who has reported on his/her place of residence in Korea pursuant to Article 6 of the Act on the Immigration and Legal Status of Overseas Koreans;
  3. A person who has filed for alien registration pursuant to Article 31 of the Immigration Act.
- (3) Where a foreigner, etc. residing in Korea who does not fall under the employee insured referred to in paragraph (2) satisfies all the following requirements, he/she may become the self-employed insured, notwithstanding Article 5, if he/she files an application with the NHIS: <Newly Inserted by Act No. 14084, Mar. 22, 2016>
1. The relevant person shall constitute the ground prescribed by Ordinance of the Ministry of Health and Welfare that he/she resided in Korea during the period prescribed by Ordinance of the Ministry of Health and Welfare or is expected to reside therein continuously during the relevant period;
  2. The relevant person shall fall under any of the following:
    - (a) A person specified in paragraph (2) 1 or 2;
    - (b) A person who has filed for alien registration pursuant to Article 31 of the Immigration Act and holds the status of sojourn prescribed by Ordinance of the Ministry of Health and Welfare.
- (4) Where a foreigner, etc. residing in Korea who falls under any subparagraph of paragraph (2) satisfies all the following requirements, he/she may become a dependent, notwithstanding Article 5, if he/she files an application with the NHIS: <Newly Inserted by Act No. 14084, Mar. 22, 2016>
1. The relevant person's relationship with the employee insured shall fall under any subparagraph of Article 5 (2);
  2. The relevant person shall meet the standards for determination of the dependent eligibility referred to in Article 5 (3).
- (5) Notwithstanding paragraphs (2) through (4), no foreigner, etc. residing in Korea shall become the

insured or a dependent if he/she falls under any of the following cases: <Newly Inserted by Act No. 14084, Mar. 22, 2016>

1. Where the relevant person's stay in Korea violates any statute and any ground prescribed by Presidential Decree exists;
  2. Where a person falling under paragraph (2) is eligible for medical guarantee equivalent to health care benefit referred to in Article 41 in accordance with foreign statutes, a foreign insurance or a contract concluded with his/her employer, etc. while he/she works in Korea and thus, his/her employer requests the exclusion of him/her from the insured, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (6) Articles 5 through 11 shall apply mutatis mutandis to matters necessary for the time, procedures, etc. for acquisition and loss of the eligibility of the insured or dependents by foreigners, etc. residing in Korea, except as provided for in paragraphs (2) through (5): Provided, That matters to be expressly provided for in consideration of the nature of foreigners, etc. residing in Korea may be otherwise prescribed by Presidential Decree. <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (7) Where a foreigner, etc. residing in Korea who is the insured acquires the eligibility of the self-employed insured after the second day of any month and loses the eligibility in the month in which the date he/she acquired the eligibility falls, due to any ground publicly notified by the Minister of Health and Welfare, the insurance contribution for the month in which the date the eligibility was acquired falls shall be imposed and collected, notwithstanding the main sentence of Article 69 (2). <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (8) The insurance contribution for the self-employed insured who fall under foreigners, etc. residing in Korea (excluding foreigners who reside permanently in Korea) shall be paid by the 25th day of the immediately preceding month, notwithstanding the main sentence of Article 78 (1): Provided, That in any of the following cases, the insurance contribution shall be paid as determined by the NHIS: <Newly Inserted by Act No. 14084, Mar. 22, 2016>
1. Where the insurance contribution for the month in which the date the eligibility is acquired falls are collected;
  2. Where the eligibility is acquired during the period from the 26th day to the end of any month.
- (9) Articles 69 through 86 shall apply mutatis mutandis to matters on the imposition and collection of insurance contribution for foreigners, etc. residing in Korea who are the insured, except as provided for in paragraphs (7) and (8): Provided, That matters on the imposition and collection of insurance contribution for foreigners, etc. residing in Korea prescribed by Presidential Decree may be otherwise determined and publicly notified by the Minister of Health and Welfare, taking into account their nature. <Newly Inserted by Act No. 14084, Mar. 22, 2016>

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## Article 110 | Special Rules for the Unemployed

- (1) Any person prescribed by Ordinance of the Ministry of Health and Welfare, from among the employee insured whose employment relationship has expired, may file an application with the NHIS for retaining his/her qualification as the employee insured by the date two months elapse after the due date for the payment of the insurance contribution stated in the first notice he/she receives as the self-employed insured under Article 79. <Amended by Act No. 11787, May 22, 2013>
- (2) Notwithstanding Article 9, the insured who files an application with the NHIS under paragraph (1)

(hereinafter referred to as "voluntarily continuous insured person") shall retain his/her qualification during the period prescribed by Presidential Decree: Provided, That where he/she fails to pay the first insurance contribution of the employee insured to be paid after the filing of an application under paragraph (1) until two months elapse after the due date therefor, his/her qualification shall be suspended. <Newly Inserted by Act No. 11787, May 22, 2013>

- (3) A voluntarily continuous insured person's amount of monthly wage shall be the average amount of his/her wages paid for immediately preceding three months with the exception of the month in which the date on which the employment relationship expires falls, notwithstanding Article 70. <Amended by Act No. 11787, May 22, 2013>
- (4) Part of the insurance contribution of a voluntarily continuous insured person may be reduced, as published by the Minister of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>
- (5) Total amount of the insurance contribution of voluntarily continuous insured persons shall be borne and paid by them notwithstanding Articles 76 (1) and 77 (1) 1. <Amended by Act No. 11787, May 22, 2013>
- (6) Where a voluntarily continuous insured person fails to pay the insurance contribution by a payment due date, Article 53 (3), (5) and (6) of shall apply mutatis mutandis. In such cases, the terms, "per household insurance contribution referred to in Article 69 (5)" shall be construed as "insurance contribution pursuant to Article 110 (5)". <Amended by Act No. 11787, May 22, 2013>
- (7) Matters relating to the methods and procedures for filing applications to become a voluntarily continuous insured person and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 11787, May 22, 2013>

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### Article 111 | Assignment and Entrustment of Authority

- (1) The authority of the Minister of Health and Welfare under this Act may be partially delegated to the Special Metropolitan City Mayor, Metropolitan City Mayors, Do Governors, or the Special Self-Governing Province Governor as prescribed by Presidential Decree.
- (2) The authority of the Minister of Health and Welfare under Article 97 (2) may be entrusted to the NHIS or the Review and Assessment Service, as prescribed by Presidential Decree.

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### Article 112 | Entrustment of Services

- (1) The NHIS may entrust each of the following services to postal service agencies, financial institutions, or other persons prescribed by Presidential Decree:
  1. Receipt of insurance contribution and verifying payment of insurance contribution;
  2. Payment of insurance benefit costs;
  3. Receipt of pension insurance contribution, employment insurance contribution, employment insurance and industrial accident compensation insurance contribution, contributions and other charges (hereinafter referred to as "insurance contribution, etc. entrusted for collection") collected according to the entrustment of the applicable Acts to the entrustment of collection, or verification of payment of insurance contribution.
- (2) The NHIS may entrust part of its services to state agencies, local governments, corporations that provide social insurance programs under other statutes, or other persons: Provided, That the

same shall not apply to collection including insurance contribution and insurance contribution entrusted for collection. <Amended by Act No. 13985, Feb. 3, 2016>

- (3) The scope of the operations the NHIS may entrust under paragraph (2) and of the persons to whom they may be entrusted shall be prescribed by Ordinance of the Ministry of Health and Welfare.
- 

### **Article 113 | Allocation, Payment, etc. of Insurance Contribution, etc. Entrusted with Collection**

- (1) Where the amount of insurance contribution collected by the NHIS, subsequent fees or insurance contribution, etc. entrusted with collection is smaller than the amount the NHIS has to collect, it shall collect the payment in installments according to the criteria and means prescribed by Presidential Decree: Provided, That where a person liable to make such payment states otherwise, the NHIS shall comply therewith.
- (2) Where the NHIS has collected insurance contribution, etc. entrusted with collection, it shall immediately pay such to the relevant funds by insurance.
- 

### **Article 114 | Purpose, etc. of Contributions**

- (1) For the expenses incurred in conducting services under Article 14 (1) 11, the NHIS shall use contributions received respectively from the National Pension Fund, Industrial Accident Compensation Insurance Fund, Employment Insurance Fund, and Wage Claim Guarantee Fund under the National Pension Act, Industrial Accident Compensation Insurance Act, and Employment Insurance Act.
- (2) Matters necessary for management, operation, etc. of contributions received under paragraph (1) shall be prescribed by Presidential Decree. ㉔

## **CHAPTER IX PENALTY PROVISIONS**

### **Article 115 | Penalty Provisions**

- (1) A person who uses personal information of the insured or their dependents for any purpose other than to carry out his/her duties or provides such information to a third party without any justifiable grounds in violation of subparagraph 1 of Article 102 shall be punished by imprisonment with prison labor for not more than five years, or by a fine not exceeding 50 million won. <Newly Inserted by Act No. 14084, Mar. 22, 2016>
- (2) Any of the following persons shall be punished by imprisonment with prison labor for not more than three years, or by a fine not exceeding 30 million won. <Amended by Act No. 14084, Mar. 22, 2016>
1. A person who works for a claim processing agency and files a claim for costs of health care benefit by false or illegal means;
  2. A person who uses any information learned in the course of carrying out his/her duties for any purpose other than to carry out his/her duties or provides such information to a third party, in violation of subparagraph 2 of Article 102.
- (3) Any of the following persons shall be punished by imprisonment with labor for not more than one year, or by a fine not exceeding 10 million won: <Amended by Act No. 11787, May 22, 2013; Act No. 14084, Mar. 22, 2016>
1. The founder of a health care institution who provides selective benefit, in violation of Article 42-2 (1) or (3); <<Enforcement Date: Mar. 23, 2017>>
  2. A person who permits any other person who is not a claim processing agency to vicariously examine such claims, in violation of Article 47 (6);
  3. An employer who violates Article 93;
  4. The founder of a health care institution, who violates Article 98 (2);
  5. A person who receives or arranges another person to receive insurance benefits by fraud or other improper means.

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### **Article 116 | Penalty Provisions**

A person who fails to report or submit documents, a person who makes a false report or submits false documents, or a person who refuses, interferes with or evades inspection or questioning in violation of Article 97 (2) shall be punished by a fine not exceeding 10 million won.

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### **Article 117 | Penalty Provisions**

A person who violates Article 42 (5) or a person who fails to issue a detailed statement of health care costs or a receipt stating the particulars of the health care in violation of Article 49 (2) shall be punished by a fine not exceeding five million won.

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### **Article 118 | Joint Penalty Provisions**

Where the representative of a corporation, or an agent, employee or any other person working for the corporation or an individual commits any act which violates Articles 115 through 117 in connection

with the business of the corporation or the individual, not only shall such violator be punished accordingly, but the corporation or the individual shall be punished by a fine prescribed in the relevant provisions: Provided, That the same shall not apply to cases where the corporation or the individual has not been negligent in paying due attention and supervision to the relevant business in order to prevent such violation.

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## Article 119 | Administrative Fines

(1) and (2) Deleted. <by Act No. 11787, May 22, 2013>

(3) Any of the following persons shall be punished by an administrative fine not exceeding five million won: <Amended by Act No. 14084, Mar. 22, 2016>

1. An employer who fails to make a report or makes a false report, in violation of Article 7;
2. A person who fails to file a report or to submit documents without any justifiable grounds, or files a false report or submits false documents, in violation of Article 94 (1);
3. A person who fails to make a report or to submit documents without any justifiable grounds, or makes a false report or submits false documents, in violation of Article 97 (1), (3), or (4);
4. A person who fails to notify, without delay, the fact that he/she is subject to an administrative disposition or the fact that the procedure of an administrative disposition is under way, in violation of Article 98 (4);
5. A person who fails to submit documents or submits false documents without any justifiable grounds, in violation of Article 101 (2).

(4) Any of the following persons shall be punished by an administrative fine not exceeding one million won: <Amended by Act No. 11787, May 22, 2013>

1. Deleted; <by Act No. 14084, Mar. 22, 2016>
2. A person who fails to make a report or makes a false report, in violation of Article 43 (1) or (2);
3. Deleted; <by Act No. 14084, Mar. 22, 2016>
4. A person who fails to preserve documents in violation of Article 96-2;
5. A person who violates an order issued under Article 103;
6. A person who violates Article 105.

(5) Administrative fines under paragraphs (3) and (4) shall be imposed and collected by the Minister of Health and Welfare, as prescribed by Presidential Decree. <Amended by Act No. 11787, May 22, 2013>

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## ADDENDA

### Article 1 | Enforcement Date

This Act shall enter into force on September 1, 2012: Provided, That the amended provisions of Article 98 (2), 108, and 115 (2) 3 shall enter into force on the date of its promulgation.

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### Article 2 | Term of Validity

@Article 108 shall remain in force until December 31, 2017.

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### Article 3 | Succession of Rights by Universal Title, etc.

The NHIS shall succeed, by universal title, to the rights and duties of the Medical Insurance Association and the Medical Insurance Federation referred to in the former Medical Insurance Act existing as of July 1, 2000 on which date the National Health Insurance Act (Act No. 5854) entered into force: Provided, That the Review and Assessment Service shall succeed, by universal title, to the rights and duties of the Medical Insurance Federation related with its review operations.

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#### **Article 4 | Application Example concerning Collection and Exemption of Insurance Contribution**

The amended provisions of Articles 69 (2) and 74 (3) shall apply from the case where a person obtains qualifications or becomes disqualified for the insured or where a ground for suspension of benefits occurs or ceases to exist for the first time on or after November 1, 2006, on which date the partially amended National Health Insurance Act (Act No. 8034) entered into force.

---

#### **Article 5 | Application Example concerning Insurance Contribution**

The amended provisions of Article 69 (4) 1 and (5) shall apply from the first insurance contribution notified on or after January 1, 2007, on which date the partially amended National Health Insurance Act (Act No. 8153) entered into force.

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#### **Article 6 | Applicable Example concerning Exemption of Minors from Obligation of Joint Payment of Insurance Contribution for the Self-Employed Insured and Collection of Additional Amount Added to Additional Dues**

- (1) The amended provisions of the proviso to Article 77 (2) shall apply from the first insurance contribution, etc. notified on or after September 29, 2008, on which date they entered into force under the proviso to Article 1 of the Addenda of the partially amended National Health Insurance Act (Act No. 9022).
- (2) The amended provisions of Article 80 shall apply from the first insurance contribution, etc. notified on or after July 1, 2008, the date on which they entered into force under the proviso to Article 1 of the Addenda of the partially amended National Health Insurance Act (Act No. 9022).

---

#### **Article 7 | Applicable Example concerning Addition of Interests to Refunds**

The amended provisions of the latter part of Article 86 (2) shall apply from the first refund made on or after September 29, 2008, the date on which they entered into force under the proviso to Article 1 of the Addenda of the partially amended National Health Insurance Act (Act No. 9022).

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#### **Article 8 | Applicable Example concerning Prescription**

The amended provisions of Article 91 (1) 6 shall also apply to the rights of the Korea Workers' Compensation and Welfare Service whose prescription is not completed as at the time this Act enters into force.

### **Article 9 | Applicable Example concerning Fact of Violation**

The amended provisions of Article 100 shall apply from the first violation that occurs on or after September 29, 2008, the date on which they entered into force under the proviso to Article 1 of the Addenda of the partially amended National Health Insurance Act (Act No. 9022).

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### **Article 10 | Applicable Example concerning Government's Subsidies for Insurance Finance**

The amended provisions of Article 108 shall apply from the budget of fiscal year 2012.

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### **Article 11 | Special Case concerning Retirement Age of Employees Consequential to Integrating Collection Services of Social Insurance Contribution**

The retirement age of an employee who was transferred from the National Pension Service or the Korea Workers' Compensation and Welfare Service to the NHIS on January 1, 2011, the date on which the partially amended National Health Insurance Act (Act No. 9690) entered into force shall conform to the retirement age of the relevant National Pension Service or Korea Workers' Compensation and Welfare Service at the time he/she was transferred to the NHIS: Provided, That this shall not apply where the retirement age of an employee of the NHIS is higher than that of the relevant Service.

---

### **Article 12 | Transitional Measures concerning Deliberative Committee and Financial Operation Committee**

- (1) Members of the Deliberative Committee and the Financial Operation Committee appointed or commissioned under former provisions existing at the time this Act enters into force, shall be deemed appointed or commissioned under this Act, and their term of office shall be the period remaining pursuant to former provisions.
- (2) Matters which have undergone the deliberation and resolution of the Deliberative Committee and the Financial Operation Committee at the time this Act enters into force shall be deemed to have undergone the deliberation and resolution under this Act.

---

### **Article 13 | Transitional Measures concerning the NHIS**

The National Health Insurance Management Corporation under the former National Medical Insurance Act existing as of July 1, 2000 on which date the National Health Insurance Act (Act No. 5854) entered into force shall be deemed the NHIS established under this Act.

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### **Article 14 | Transitional Measures concerning Executives**

Notwithstanding the amended provisions of Articles 20 and 65, the term of office of executives of the NHIS and the Review and Assessment Service appointed under former provisions at the time this Act enters into force shall continue until the date of completion of their term of office fixed at the time they were appointed.



### **Article 15 | Transitional Measures concerning Permission for Executives, etc. of the NHIS for Holding Concurrent Offices**

In cases where an executive or an employee of the NHIS or the Review and Assessment Service has obtained permission from the person with the power to appoint him/her to hold concurrent office under Article 37 (2) of the Act on the Management of Public Institutions at the time this Act enters into force, he/she shall be deemed to have obtained permission for holding concurrent offices under the amended provisions of Article 25 (2) (including the cases of application *mutatis mutandis* under Article 68).

### **Article 16 | Transitional Measures concerning Report on Current Status of Health Care Institutions**

A health care institution which has filed a report on the current status of its manpower, facilities, equipment, etc. to the Review and Assessment Service at the time this Act enters into force shall be deemed to have filed such report under the amended provisions of Article 43.

### **Article 17 | Transitional Measures concerning Collection of Insurance Contribution, etc.**

Collection of insurance contribution, etc. the payment due date of which has passed under the former Medical Insurance Act and National Medical Insurance Act as of July 1, 2000 on which date the National Health Insurance Act (Act No. 5854) entered into force shall be governed by the former provisions.

### **Article 18 | Transitional Measures concerning Extinctive Prescription of Previous Insurance Contribution, etc.**

The extinctive prescription of any of the rights to collect or receive insurance contribution, to receive a insurance benefit and to receive a refund of overpaid or erroneously paid individual co-payment which has occurred on or before July 1, 2000, on which date the National Health Insurance Act (Act No. 5854) entered into force shall be governed by the former Medical Insurance Act and the former National Medical Insurance Act.

### **Article 19 | General Transitional Measures concerning Disposition, etc.**

Any act of the NHIS, Review and Assessment Service, Minister of Health and Welfare (hereafter referred to as the "NHIS, etc." in this Article) or any act against the NHIS, etc. done under former provisions at the time this Act enters into force shall be deemed an act corresponding thereto committed by or against the NHIS, etc. under this Act.

### **Article 20 | Transitional Measures concerning Disposition against Previous Offense**

(1) The disposition against an act in violation of the former Medical Insurance Act or the former National Medical Insurance Act committed on or before July 1, 2000 on which date the National Health Insurance Act (Act No. 5854) entered into force shall be governed by the former Medical

Insurance Act and the former National Medical Insurance Act.

- (2) The application of penalty provisions and administrative fines against an act committed before this Act enters into force shall be governed by former provisions.

## **Article 21 | Omitted.**

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## **Article 22 | Relationship with other Statutes**

Where any other statute cites the former provisions of the National Medical Insurance Act at the time this Act enters into force, it shall be deemed to have cited the relevant provisions of this Act in lieu of the former provisions, if any provisions corresponding thereto exist in this Act.

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## **ADDENDA <Act No. 11787, May 22, 2013>**

### **Article 1 | Enforcement Date**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 78, 81-2, and 104 shall enter into force six months after the date of its promulgation.

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### **Article 2 | Applicable Example concerning Collection of Unjust Enrichment or Unjust Profit Obtained by Health Care Institutions**

The amended provisions of Article 57 (2) shall apply where unjust enrichment or unjust profit is collected on or after the date this Act enters into force.

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### **Article 3 | Applicable Example concerning Extension, etc. of Period for Application for Special Cases for Unemployed Persons**

- (1) The amended provisions of Article 110 (1) and (3) shall apply to persons notified of an insurance contribution as the self-employed insured on or after the date this Act enters into force (including persons notified of an insurance contribution as the self-employed insured before this Act enters into force and the payment due date has not elapsed as of the date this Act enters into force).
- (2) The amended provisions of Article 110 (2) shall also apply to voluntarily continuous insured persons in whose case two months have not elapsed since the due date for payment of the first insurance contributions of the employee insured.
- 

### **Article 4 | Transitional Measures concerning Penalty Provisions or Administrative Fines**

The application of penalty provisions or administrative fines against an act committed before this Act enters into force shall be governed by the former provisions.

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## **ADDENDA <Act No. 12176, Jan. 1, 2014>**

### **Article 1 | Enforcement Date**

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This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 76 shall enter into force on January 1, 2014.

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### **Article 2 | Applicability concerning Insurance Contribution for Employees of Private Schools**

The amended provisions of Article 76 shall apply to insurance contribution first notified after this Act enters into force.

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#### **ADDENDA <Act No. 12615, May 20, 2014>**

##### **Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 79-2 shall enter into force on September 25, 2014.

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##### **Article 2 | Applicability concerning Payment Methods of Insurance Contribution, etc.**

The amended provisions of Article 79-2 shall apply, beginning with the first insurance contribution, etc. of which the billing is made after the same amended provisions enter into force.

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#### **ADDENDA <Act No. 12844, Nov. 20, 2014>**

##### **Article 1 | Enforcement Date**

This Act shall enter into force on the date of its promulgation: Provided, That among the Acts amended pursuant to Article 6, the amendments to Acts, which were promulgated before the enforcement date of this Act and of which the enforcement date has not arrived, shall enter into force on the date of the respective enforcement dates of the relevant Acts.

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##### **Articles 2 | through 7 Omitted.**

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#### **ADDENDA <Act No. 13985, Feb. 3, 2016>**

##### **Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 80 (1) and (2) shall enter into force on June 23, 2016, and the amended provisions of Articles 65 (1) and 66 (2) shall enter into force on the date of its promulgation.

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##### **Article 2 | Applicability to Reporting to National Assembly**

The amended provisions of Article 3-2 (5) shall apply from the first comprehensive national health insurance plan and implementation plan formulated after this Act enters into force.

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### **Article 3 | Applicability to Secondary Payment Obligation**

- (1) The secondary payment responsibility of a partner with unlimited liability or oligopolistic stockholder of a corporation under the amended provisions of Article 77-2 (1) shall apply from the insurance contribution or any other amount collectable under this Act first notified after this Act enters into force.
- (2) The secondary payment obligation of a business transferee under the amended provisions of Article 77-2 (2) shall apply from the first person who acquires business by transfer after this Act enters into force.

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### **Article 4 | Applicability to Arrears**

The amended provisions of Article 80 (1) and (2) shall apply from the insurance contribution, etc. the due date for payment of which first arrives after the same amended provisions enter into force.

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### **Article 5 | Applicability to Certification of Payment of Insurance Contribution**

The duty of persons obligated to make payment under Article 77 to certify the payment of insurance contribution under the amended provisions of Article 81-3 (1) shall apply from the first person who receives the price for a contract after this Act enters into force.

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### **Article 6 | Applicability to Collection of Amount Equivalent to Loss Caused by Prohibited Acts of Manufacturers, etc.**

The amended provisions of Articles 81 (1) and 101 shall apply, starting from where a manufacturer, etc. commits an act causing any loss to the insurer, the insured or his/her dependent in violation of Article 101 (1) after this Act enters into force.

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## **ADDENDA <Act No. 14084, Mar. 22, 2016>**

### **Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Articles 41-4, 42-2, 44, and 115 (3) 1 shall enter into force one year after the date of its promulgation; the amended provisions of Article 2 of the Addenda to the National Health Insurance Act (Act No. 11141) shall enter into force on the date of its promulgation; and Article 4 of the Addenda shall enter into force on August 4, 2016.

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### **Article 2 | Applicability to Collection of Additional Dues**

The amended provisions of Article 78-2 shall apply, starting from where a false report is made to the insurer in violation of Article 8 (2) or 9 (2) after this Act enters into force.

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### **Article 3 | Applicability to Collection of Insurance Contribution for Foreigners, etc. Residing in Korea Who Are the Self-Employed Insured**

The amended provisions of Article 109 (7) shall apply, starting from persons who acquire the eligibility of the self-employed insured after this Act enters into force.

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**Article 4 | Omitted.**

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**ADDENDA <Act No. 14183, May 29, 2016>**

**Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

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**Articles 2 | through 5 Omitted.**

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**ADDENDUM <Act No. 14557, Feb. 8, 2017>**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 14 (1) 4 shall enter into force six months after the date of its promulgation.



# **ENFORCEMENT**

# **DECREE OF THE NATIONAL**

# **HEALTH INSURANCE ACT**

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# ENFORCEMENT DECREE OF THE NATIONAL HEALTH INSURANCE ACT

*Wholly Amended by Presidential Decree No. 24077, Aug. 31, 2012*

*Amended by Presidential Decree No. 24128, Sep. 28, 2012*

*Presidential Decree No. 24247, Dec. 21, 2012*

*Presidential Decree No. 24261, Dec. 27, 2012*

*Presidential Decree No. 24341, Jan. 28, 2013*

*Presidential Decree No. 24454, Mar. 23, 2013*

*Presidential Decree No. 24520, May 3, 2013*

*Presidential Decree No. 24588, Jun. 11, 2013*

*Presidential Decree No. 24776, Sep. 26, 2013*

*Presidential Decree No. 25015, Dec. 18, 2013*

*Presidential Decree No. 25044, Dec. 30, 2013*

*Presidential Decree No. 25429, Jun. 30, 2014*

*Presidential Decree No. 25583, Aug. 29, 2014*

*Presidential Decree No. 25751, Nov. 19, 2014*

*Presidential Decree No. 25760, Nov. 20, 2014*

*Presidential Decree No. 26302, Jun. 1, 2015*

*Presidential Decree No. 26367, Jun. 30, 2015*

*Presidential Decree No. 26651, Nov. 18, 2015*

*Presidential Decree No. 26743, Dec. 22, 2015*

*Presidential Decree No. 26844, Dec. 31, 2015*

*Presidential Decree No. 27296, Jun. 30, 2016*

*Presidential Decree No. 27433, Aug. 2, 2016*

*Presidential Decree No. 27508, Sep. 22, 2016*

*Presidential Decree No. 27616, Nov. 29, 2016*

*Presidential Decree No. 27621, Nov. 29, 2016*

*Presidential Decree No. 27734, Dec. 30, 2016*

*Presidential Decree No. 27853, Feb. 7, 2017*

## CHAPTER I GENERAL PROVISIONS

### Article 1 | Purpose

The purpose of this Decree is to regulate matters mandated by the National Health Insurance Act and matters necessary for its enforcement.

### Article 2 | Head of Organ Who is Employer

"Person determined by Presidential Decree" in subparagraph 2 (b) of Article 3 of the National Health Insurance Act (hereinafter referred to as the "Act") refers to heads of organizations designated in attached Table 1: Provided, That when deemed necessary for efficiently dealing with the health insurance service, the National Health Insurance Service referred to in Article 13 of the Act (hereinafter referred to as the "NHIS") may separately designate the head of an organ that belongs to the head of an institution set forth in attached Table 1 as the head of an organ who is an employer, in consideration of the location of the organization, the number of its personnel and other conditions.

## Article 2-2 | Formulation, etc. of Comprehensive National Health Insurance Plans

- (1) Where the Minister of Health and Welfare formulates a comprehensive national health insurance plan under the former part of Article 3-2 (1) of the Act (hereinafter referred to as "comprehensive plan") and an annual implementation plan under Article 3-2 (3) of the Act (hereinafter referred to as "implementation plan"), he/she shall do so by the time classified as follows:
1. Comprehensive plan: By September 30 of the year immediately before the enforcement year;
  2. Implementation plan; By December 31 of the year immediately before the enforcement year.
- (2) Where the Minister of Health and Welfare formulates or modifies a comprehensive plan or implementation plan, he/she shall publish it by either of the following methods, whichever is relevant:
1. Comprehensive plan: Providing public notice in the official gazette;
  2. Implementation plan: Posting it on the official website of the Ministry of Health and Welfare.
- (3) Where the Minister of Health and Welfare formulates or modifies a comprehensive plan or implementation plan, he/she shall notify the details thereof to the heads of related central administrative agencies, the president of the NHIS, and the president of the Health Insurance Review and Assessment Service referred to in Article 62 of the Act (hereinafter referred to as the "Review and Assessment Service").
- (4) Where the Minister of Health and Welfare evaluates performance results according to an implementation plan, pursuant to Article 3-2 (4) of the Act, he/she shall reflect results of the evaluation in both the comprehensive plan and implementation plan to be formulated thereafter.
- (5) Except as provided for in paragraphs (1) through (4), detailed matters necessary for the formulation, implementation, evaluation, etc. of comprehensive plans or implementation plans shall be prescribed and publicly notified by the Minister of Health and Welfare.

[This Article Newly Inserted by Presidential Decree No. 27433, Aug. 2, 2016]

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## Article 2-3 | Matters to be Included into Comprehensive Plans

"Matters prescribed by Presidential Decree" referred to in Article 3-2 (2) 9 of the Act means any of the following:

1. Matters concerning the establishment of an institutional foundation for the health insurance;
2. Matters concerning international cooperation on the health insurance;
3. Any other matters deemed by the Minister of Health and Welfare particularly necessary to improve the health insurance.

[This Article Newly Inserted by Presidential Decree No. 27433, Aug. 2, 2016]

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## Article 3 | Matters Subject to Deliberation and Resolution by Deliberative Committee

"Matters prescribed by Presidential Decree" in Article 4 (1) 6 of the Act refers to any of the following:  
<Amended by Presidential Decree No. 27433, Aug. 2, 2016>

1. The relative point value of each item of health care benefit provided for in Article 21 (2);

2. The upper-limit on the costs of the health care benefit of each medicine and materials for medical treatment provided for in Article 22;
3. Other important matters concerning health insurance under Article 5 (1) of the Act including the matters concerning additional benefits under Article 23, which are placed on the agenda of the meetings of the Health Insurance Policy Deliberative Committee provided for in Article 4 of the Act (hereinafter referred to as the "Deliberative Committee") by its chairperson.

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## Article 4 | Members Who Are Public Officials

"Public officials who belong to central administrative agencies prescribed by Presidential Decree" in Article 4 (4) 4 (a) of the Act refers to public officials, each one of whom is nominated by the head of an administrative agency for which he/she works, from among the public officials of Grade III who belong to the Ministry of Strategy and Finance and the Ministry of Health and Welfare or the public officials in general service who belong to the Senior Civil Service Corps.

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## Article 4-2 | Discharge or Dismissal of Deliberative Committee Members

The Minister of Health and Welfare may discharge or dismiss a member of the Deliberative Committee referred to in each subparagraph of Article 4 (4) of the Act, f:

1. The member becomes unable to perform his/her duties due to any mental disorder;
2. The member commits misconduct in relation to his/her duties as a member;
3. The member is deemed unfit to serve as a member due to neglect of duties, injury to dignity, or any other reason;
4. The member voluntarily expresses the intention that it is impracticable to perform his/her duties.

[This Article Newly Inserted by Presidential Decree No. 26844, Dec. 31, 2015]

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## Article 5 | Chairperson, etc. of Deliberative Committee

- (1) The chairperson of the Deliberative Committee under Article 4 of the Act shall represent the Deliberative Committee and exercise general supervision over the affairs thereof.
- (2) The vice-chairperson of the Deliberative Committee shall assist the chairperson and act on behalf of the chairperson, where the chairperson is unable to perform his/her duties due to any extenuating circumstances.

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## Article 6 | Meetings of Deliberative Committee

- (1) The chairperson shall convene and preside over meetings of the Deliberative Committee.
- (2) Meetings of the Deliberative Committee shall be convened upon request from at least one third of the total registered members, or where the chairperson deems it necessary.
- (3) A majority of member of the Deliberative Committee shall constitute a quorum, and any decision thereof shall require the concurring vote of at least a majority of those present.
- (4) The chairperson shall not participate in resolutions under paragraph (3): Provided, That when the numbers of votes of approval and disapproval are equal, the chairperson shall determine thereon.
- (5) The Deliberative Committee may, where it is deemed necessary to ensure its efficient deliberation,

set up subcommittees by field.

- (6) Necessary matters concerning the operation of the Deliberative Committee and the subcommittees, other than those prescribed in paragraphs (1) through (5), shall be determined by the chairperson after undergoing the resolution thereon by the Deliberative Committee.
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### **Article 7 | Administrative Secretary of Deliberative Committee**

- (1) The Deliberative Committee shall have one administrative secretary to administer the offices of the Deliberative Committee.
- (2) The administrative secretary shall be nominated by the chairperson, from among the public officials of Grade IV or higher in rank who work for the Ministry of Health and Welfare, or from among public officials in general service who belong to the Senior Civil Service Corps.
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### **Article 8 | Allowances, etc. of Members of Deliberative Committee**

Allowances, travel expenses, and other necessary expenses may be reimbursed to the members who have attended the meeting of the Deliberative Committee within budgetary limits: Provided, That this shall not apply where any member who is a public official attends in direct connection with his/her duties.

## **CHAPTER II THE INSURED**

### **Article 9 | Persons Excluded from the Employee Insured**

"Workers and employers of workplaces, public officials, and school employees prescribed by Presidential Decree" in Article 6 (2) 4 of the Act refers to any of the following persons:

1. Part-time workers, or workers by the hour who are working less than 60 hours a month;
2. Part-time teachers and staff, or public officials, and part-time teachers and staff by the hour who are working less than 60 hours a month;
3. Workers and employers in places of business, the location of which is not fixed;
4. Employers who employ no workers or only those falling under subparagraph 1.

## **CHAPTER III NATIONAL HEALTH INSURANCE SERVICE**

### **Article 10 | Executive Officer Who is Public Official**

Pursuant to Article 20 (4) 2 of the Act, the Minister of Strategy and Finance, the Minister of Health and Welfare, and the Minister of Personnel Management shall recommend a non-standing director each, from among the public officials of Grade III at the relevant Ministries or the public officials in general service belonging to the Senior Civil Service Corps.

<Amended by Presidential Decree No. 24454, Mar. 23, 2013; Presidential Decree No. 25751, Nov. 19, 2014; Presidential Decree No. 26367, Jun. 30, 2015>

### **Article 11 | Matters to be Deliberated and Resolved at Meetings of Board of Directors**

Pursuant to Article 26 (4) of the Act, the matters under the following subparagraphs shall undergo deliberation and resolution at meetings of the board of directors of the NHIS (hereinafter referred to as the "board of directors"): Provided, That the matters subject to deliberation and resolution of the Deliberative Committee provided for in the provisions of Article 4 (1) of the Act and those subject to the financial operation committee provided for in Article 33 of the Act shall be excluded:

1. Plans for business operation and other matters concerning fundamental policies for the operation of the NHIS;
2. Matters concerning budgets and the settlement of accounts;
3. Matters concerning amendments to the articles of incorporation;
4. Matters concerning establishment of, amendments to, and repeal of regulations;
5. Matters concerning insurance contributions and other money to be collected (hereinafter referred to as "insurance contributions, etc.") and insurance benefits;
6. Matters concerning loan under Article 37 of the Act;
7. Matters concerning reserve funds and other acquisition, management, and disposal of major properties under Article 38 of the Act;
8. Other important matters concerning the operation of the NHIS.

### **Article 12 | Meetings of Board of Directors**

- (1) Meetings of the board of directors shall be classified into regular meetings and special meetings.
- (2) Regular meetings shall be convened by the chair of the board of directors twice in a year at such time as determined by the articles of incorporation.
- (3) Special meetings shall be convened by the chair of the board of directors where more than one third of incumbent directors (including the president; hereinafter the same shall apply) so request or where the president deems it necessary.
- (4) A majority of incumbent members of the board of directors shall constitute a quorum, and any decision thereof shall require the concurring vote of at least a majority of those incumbent.

- (5) The president shall be the chair of the board of directors.
- (6) The procedure for convening matters of the board of directors and other matters necessary for the operation of the board of directors shall be prescribed by the articles of incorporation of the NHIS.

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### Article 13 | Delegation of Authority of President

"Those prescribed by Presidential Decree" in Article 32 of the Act refers to the following authority:

1. Authority for management of entitlements under Articles 5 and 8 through 10 of the Act;
2. Authority for management of workplaces under Article 7 of the Act;
3. Authority for restrictions of insurance benefits under Article 53 of the Act;
4. Authority for the imposition, collection, billing, overdue notice of insurance contributions, authority of collection according to examples of dispositions of national taxes in arrears etc. under Articles 57, 69, 79, and 81 of the Act;
5. Authority for the exercise of a right to claim compensation pursuant to Article 58 of the Act;
6. Authority to reduce insurance contributions pursuant to Article 75 of the Act;
7. Authority to approve payment in installments and to revoke such approval under Article 82 of the Act;
8. Authority to manage the entitlement of the insured, to restrict insurance benefits, and to impose and collect insurance contributions under Articles 109 and 110 of the Act;
9. Authority to collect pension contribution, employment insurance contributions, industrial accident compensation insurance contributions, contributions and other charges entrusted (hereinafter referred to as a "insurance contributions, etc. entrusted with collection") under the National Pension Act, the Act on the Collection of Insurance Contributions, etc. for Employment Insurance and Industrial Accident Compensation Insurance, the Wage Claim Guarantee Act, and the Asbestos Injury Relief Act (hereinafter referred to as "applicable Acts to the entrustment with collection"), including the authority to billing of insurance contributions, etc., and overdue notice or disposition on default of insurance contributions;
10. Other authority determined by the articles of incorporation of the NHIS for efficient performance of the services of the NHIS.

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### Article 14 | Composition of Financial Operation Committee

- (1) The agricultural and fisheries organization, the urban self-employed persons' organization, and the civic group shall, under Article 34 (2) 2 of the Act, recommend members prescribed in Article 34 (1) 2 of the Act according to the following distinction:
  1. The agricultural and fishery organization and the urban self-employed persons' organization: to recommend three persons each;
  2. The civic group: to recommend four persons.
- (2) "Relevant public officials determined by Presidential Decree" in Article 34 (2) 3 of the Act refers to each person designated by the Minister of Strategy and Finance and the Minister of Health and Welfare, respectively, from among the public officials who are not lower than Grade IV at the Ministry thereof, or public officials in general service belonging to the Senior Civil Service.

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### Article 15 | Operation of Financial Operation Committee

- (1) Meetings of the financial operation committee shall consist of regular meetings and special

meetings.

- (2) Regular meetings shall be convened by the chairperson of the financial operation committee once a year at a time determined by the articles of incorporation.
  - (3) Special meetings shall be convened by the chairperson of the financial operation committee if the president of the NHIS so requests, at least one third of all incumbent members so request, or the chairperson of the financial operation committee deems it necessary.
  - (4) The chairperson of the financial operation committee shall preside over its meetings, and meetings shall commence with the attendance of a majority of the incumbent members, and pass resolutions by a concurrent vote of a majority of those present.
  - (5) Other matters necessary for the operation of the financial operation committee, such as procedures to convene meetings of the financial operation committee, shall be determined by the articles of incorporation of the NHIS.
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#### **Article 16 | Administrative Secretary of Financial Operation Committee**

- (1) The financial operation committee shall have an administrative secretary to administer offices of the financial operation committee.
  - (2) The administrative secretary shall be appointed by the chairperson from among personnel belonging to the NHIS.
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#### **Article 17 | Minutes of Financial Operation Committee**

- (1) The chairperson shall prepare and retain minutes in regard to the meetings of the financial operation committee.
- (2) The minutes under paragraph (1) shall contain the proceedings of meetings, deliberated matters and resolved matters, and be signed or sealed by the chairperson and the members present.



## **CHAPTER IV INSURANCE BENEFITS**

### **Article 18 | Medical Facilities, etc. Excluded from Health Care Institution**

- (1) "Medical facilities, etc. prescribed by Presidential Decree" in the latter part of the main sentence of Article 42 (1) of the Act means the following medical institutions or drugstores:
1. Affiliated medical institutions established under Article 35 of the Medical Service Act;
  2. Medical institutions established for the purpose of medical treatment for the inmates of social service facilities under Article 34 of the Social Welfare Services Act;
  3. Medical institutions falling under any of the following items which have become subject to business suspension disposition, etc. due to activities of inducing the insured or dependent by means of not receiving the amount of co-payment under Article 19 (1) or receiving it in the reduced amount, or performing excessive medical treatments in connection therewith, or demanding exorbitant medical fees:
    - (a) Medical institutions which have been subject to business suspension under Article 98 of the Act or disposition of penalty surcharges under Article 99 of the Act twice or more for five years;
    - (b) Medical institutions established and operated by medical persons who have been subject to a disposition of license suspension under Article 66 of the Medical Service Act twice or more for five years;
  4. Medical institutions or drugstores established by the founder of the health care institutions subject to a business suspension or under the process of the procedures for business suspension under Article 98 of the Act.
- (2) Where the medical institutions stipulated under paragraph (1) 1 and 2 intend to be excluded from among health care institutions, they shall file an application for exclusion from among health care institutions determined by the Minister of Health and Welfare.
- (3) The period for which a medical institution, etc. is excluded from among health care institutions shall not exceed one year in cases under paragraph (1) 3, and by not later than the end of the business suspension period in cases under paragraph (1) 4.

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### **Article 18-2 | Criteria, etc. for Suspension of, Exclusion from Application of Health Care Benefit of Medicines**

- (1) Where the Minister of Health and Welfare suspends any medicine from the application of health care benefit or excludes such medicine from health care benefit pursuant to Article 41-2 (1) or (2) of the Act, he/she shall notify the NHIS and the Review and Assessment Service of such fact to record and manage the details of each medicine subject to suspension of, and exclusion from the application of health care benefit. <Amended by Presidential Decree No. 27433, Aug. 2, 2016>
- (2) Criteria and procedures for the suspension of, and exclusion from the application of health care benefit of medicines under Article 41-2 (3) of the Act shall be as set forth in attached Table 4-2.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]

### Article 18-3 | Hearings

Where the Minister of Health and Welfare intends to make dispositions to exclude any medicine from the application of medical benefits under Article 41-2 (2) of the Act, he/she shall hold a hearing.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]

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### Article 19 | Expenses Borne by Principal

- (1) The rate and amount of shares to be borne by the principal among health care benefit under Article 44 of the Act shall be as set forth in attached Table 2. <Amended by Presidential Decree No. 25583, Aug. 29, 2014>
- (2) Where the annual total amount of expenses borne by the principal pursuant to paragraph (1) (hereinafter referred to as "co-payment") exceeds the amount prescribed in attached Table 3, the NHIS shall pay the excess: Provided, That the following amount of money shall be excluded from the annual total co-payment: <Amended by Presidential Decree No. 25015, Dec. 18, 2013; Presidential Decree No. 25429, Jun. 30, 2014; Presidential Decree No. 27508, Sep. 22, 2016>
  1. An amount borne under subparagraph 3 (d) (v) and (vi) of attached Table 2;
  2. An amount borne under subparagraph 3 (g) of attached Table 2;
  3. An amount borne under subparagraph 4 of attached Table 2;
  4. An amount borne under subparagraph 6 of attached Table 2.
- (3) The amount of co-payment under paragraph (1) shall be paid by the insured or their dependents who have received health care benefit to health care institutions upon claims from health care institutions. In such cases, no expenses shall be claimed under other pretexts, such as hospitalization deposits, etc., other than health care benefit items or non-benefit items determined by Ordinance of the Ministry of Health and Welfare under Article 41 (3) and (4) of the Act. <Amended by Presidential Decree No. 27433, Aug. 2, 2016>
- (4) Where the amount to be borne by the NHIS under paragraph (2) is paid by the insured, or their dependents, to health care institutions, the NHIS shall pay the amount of money to the insured or their dependents.

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### Article 20 | Party to Contract on Costs of Health Care Benefit

The person who represents the medical and pharmaceutical communities and is a party to the contract on the costs of health care benefit provided for in Article 45 (1) of the Act shall be a person falling under any of the following subparagraphs:

1. For costs of health care benefit for medical clinics under Article 3 (2) 1 (a) of the Medical Service Act: The head of the association of doctors provided for in Article 28 (1) of the same Act;
2. For costs of health care benefit for dental clinics and dental hospitals under Article 3 (2) 1 (b) and 3 (b) of the Medical Service Act: The head of the association of dentists provided for in Article 28 (1) of the same Act;
3. For costs of health care benefit for oriental medical clinics or oriental medical hospitals under Article 3 (2) 1 (c) and 3 (c) of the Medical Service Act: The head of the oriental medical doctors' association provided for in Article 28 (1) of the same Act;
4. For costs of health care benefit for a midwifery clinic provided for in Article 3 (2) 2 of the Medical

- Service Act: One person from among the head of the midwives' association or the head of the nurses' association provided for in Article 28 (1) of the same Act;
5. For costs of health care benefit for hospitals, medical care hospitals and general hospitals under Article 3 (2) 3 (a), (d), and (e) of the Medical Service Act: The head of an organization provided for in Article 52 of the Medical Service Act;
  6. For costs of health care benefit for drugstores provided for in subparagraph 3 of Article 2 of the Pharmaceutical Affairs Act and the Korea Orphan Drug Center provided for in Article 91 of the same Act: The president of the Korean Pharmaceutical Association provided for in Article 11 (1) of the Pharmaceutical Affairs Act;
  7. For costs of health care benefit for public health clinics, public health and medical care centers, branches of public health clinics provided for in the Regional Public Health Act and the public health and medical clinics established under the Act on the Special Measures for Public Health and Medical Services in Agricultural and Fishing Villages, Etc.: The person designated by the Minister of Health and Welfare.

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## Article 21 | Terms, etc. of Contracts

- (1) Contracts provided for in Article 45 (1) of the Act shall be concluded between the president of the NHIS and persons provided for in each subparagraph of Article 20 who represent each type of health care institutions by determining a unit price per point of the relative value points of each health care benefit.
- (2) The points of relative values of health care benefit referred to in paragraph (1) shall be those that have shown the values of health care benefit in the relative points between each item, computed in consideration of workload such as hours and efforts required for health care benefit, resource volumes such as human resources, facilities, equipment, and the level of risk of health care benefit; and the Minister of Health and Welfare shall give public notice thereof after deliberation by the Deliberative Committee, as determined by Ordinance of the Ministry of Health and Welfare.
- (3) Notwithstanding paragraph (2), in any of the following cases, the points of relative values of health care benefit may be computed as classified in the following: <Amended by Presidential Decree No. 26367, Jun. 30, 2015; Presidential Decree No. 26651, Nov. 18, 2015>
  1. Where the medical treatment is received by hospitalization in a convalescent hospital provided for in Article 3 (2) 3 (d) of the Medical Service Act: To be calculated by the point of relative value per day which is obtained by classifying into the degree of seriousness of patient's conditions after aggregating the points of each item of health care benefit and costs of medicines and materials for the relevant medical treatment;
  2. Where the medical treatment is received by hospitalization in a medical clinic provided for in Article 3 (2) 1 (a) of the Medical Service Act, a hospital provided for in Article 3 (2) 3 (a) of the same Act, a convalescent hospital provided for in Article 3 (2) 3 (d) of the same Act, a general hospital provided for in Article 3 (2) 3 (e) of the same Act, a tertiary hospital provided for in Article 3-4 of the same Act, or a health care center provided for in Article 12 of the Regional Public Health Act for diagnosis related group (referring to the group of patients categorized by the names of diagnosis, names of medical treatments, seriousness of patients' conditions, patient's ages, etc.) determined and publicly notified by the Minister of Health and Welfare: To be calculated as one and the same point of relative value per case of hospitalization, which is

comprehensive of all the points of items of health care benefit and the costs of the medicines and materials for the relevant medical treatments;

3. Where the palliative care is received under Article 24 of the Cancer Control Act by hospitalization in a health care institution designated as an institution specialized in providing palliative care under Article 22 of the same Act: To be calculated as the point of relative value per day, which is the total of all the points of items of health care benefit and the costs of the medicines and materials for the relevant medical treatments.
- (4) In concluding a contract under paragraph (1), a contract on the expenses for new items of health care benefit for which the point of relative values is not publicly notified shall be deemed concluded on the date the point of relative values of the same item is publicly notified by the Minister of Health and Welfare under paragraph (2). In such cases, the contract shall apply, beginning with the first the health care benefit for the relevant item executed on or after the date of public notice.

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### **Article 22 | Costs of Health Care Benefit for Medicines and Materials for Medical Treatment**

- (1) Health care benefit for medicines and materials for medical treatment provided for in Article 41 (1) 2 of the Act (excluding those to which the points of relative value referred to in Article 21 (2) and (3) applies; hereafter the same shall apply in this Article) under Article 46 of the Act shall be determined according to the following classifications. In such cases, if the purchase price (referring to the amount for purchasing the relevant medicines and materials for medical treatment by the health care institution; hereafter the same shall apply in this Article) exceeds the maximum amount (referring to the maximum amount publicly notified by the Minister of Health after undergoing deliberation of the Deliberative Committee; hereinafter the same shall apply), the purchase price shall be deemed the same as the maximum amount: <Amended by Presidential Decree No. 24341, Jan. 28, 2013; Presidential Decree No. 24454, Mar. 23, 2013; Presidential Decree No. 25583, Aug. 29, 2014>
  1. Oriental medicines: The maximum amount;
  2. Medicines other than the oriental medicines: Purchase price;
  3. Deleted; <by Presidential Decree No. 25583, Aug. 29, 2014>
  4. Materials for medical treatment: Purchase price.
- (2) Standards and procedures for the determination of costs of health care benefit for medicines and materials for medical treatment provided for in paragraph (1) and other necessary matters shall be prescribed and publicly notified by the Minister of Health and Wealth.

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### **Article 22-2 | Withholding Payment, etc. of Costs of Health Care Benefit**

- (1) Where the NHIS intends to withhold the payment of costs of health care benefit pursuant to Article 47-2 (1) of the Act, it shall first notify the relevant health care institution thereof in a document stating the following matters:
  1. The name of the relevant health care institution, the representative, and the address thereof;
  2. The fact that becomes a ground for withholding of payment, the costs of health care benefit subject to withholding of payment, and the legal grounds therefor;
  3. The purport that the relevant health care institution may submit its opinion on matters referred

to in subparagraph 2, and the processing method when it fails to submit its opinion.

- (2) If any health care institution, in receipt of notification under paragraph (1), has an objection to the withholding of payment, it shall submit to the NHIS a written opinion on withholding of payment of the costs of health care benefit, stating the purport of and the reason for filing an objection, along with necessary documents.
- (3) After examining a written opinion submitted by a health care institution under paragraph (2), the NHIS shall notify the outcomes thereof in writing to the health care institution.
- (4) "Grounds prescribed by Presidential Decree, such as the final verdict of acquittal" in Article 47-2 (3) of the Act means any of the following:
  1. Final verdict of acquittal;
  2. Non-prosecution disposition (limited to the disposition to be cleared of suspicion or to be innocent; hereinafter the same shall apply).
- (5) Where a health care institution that has received a decision to withhold the payment of costs of health care benefit under Article 47-2 (1) of the Act is found not guilty or receives a non-prosecution disposition, it shall notify the NHIS of such fact.
- (6) Upon being notified pursuant to paragraph (5), the NHIS shall pay without delay the withheld costs of health care benefit and the interest for a period during which the payment of costs of health care benefit is withheld. In such cases, the amount of interest shall be calculated by multiplying the withhold costs of health care benefit by the interest rate prescribed in Article 43-3 (2) of the Enforcement Decree of the Framework Act on National Taxes for a period from the date the payment of costs of health care benefit was withheld to the date it is paid.
- (7) Detailed matters, other than those prescribed in paragraphs (1) through (6), such as the form of a written opinion to be notified to the relevant health care institutions necessary for withholding of payment of costs of health care benefit, etc., and the methods of handling the opinion when it is submitted, shall be determined by the NHIS.

[This Article Newly Inserted by Presidential Decree No. 25760, Nov. 20, 2014]

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## Article 23 | Additional Benefits

- (1) Additional benefits under Article 50 of the Act means medical expenses for pregnancy and delivery.
- (2) The medical expenses for pregnancy and delivery under paragraph (1) shall be limited to the expenses incurred in medical treatment related to pregnancy and delivery (including medical treatment related to the health care of a pregnant woman before and after delivery; hereinafter the same shall apply) for the pregnant insured or dependant in a health care institution designated pursuant to Article 24, and the amount payable shall be the amount actually borne by the pregnant insured or dependent within the limit of the amount classified as follows: <Amended by Presidential Decree No. 27734, Dec. 30, 2016>
  1. Where an embryo is in pregnancy: 500,000 won;
  2. Where two or more embryos are in pregnancy: 900,000 won.
- (3) Where the pregnant insured or dependant is in an area where medical treatment related to pregnancy and delivery is not available with ease, or meets any other requirements prescribed

and publicly notified by the Minister of Health and Welfare, the pregnant insured or dependent shall be paid the amount they actually spend within the limit of the amount calculated by adding the amount publicly notified by the Minister of Health and Welfare to the relevant amount specified in any subparagraph of paragraph (2), despite the amount payable under any subparagraph of paragraph (2). <Newly Inserted Presidential Decree No. 27296, Jun. 30, 2016>

- (4) If the pregnant insured or dependent intends to receive an additional benefit under paragraph (1), she shall file an application therefor with the NHIS, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Presidential Decree No. 27296, Jun. 30, 2016>
- (5) When the provision of an insurance benefit has been restricted or suspended pursuant to Article 53 or 54 of the Act at the time the pregnant insured or dependant applies for the medical expenses for pregnancy and delivery pursuant to paragraph (4), the additional benefit under paragraph (1) shall not be paid. <Amended by Presidential Decree No. 27296, Jun. 30, 2016>
- (6) The NHIS shall issue, to the pregnant insured or dependent, treatment coupons (referring to vouchers that the NHIS issues with a certain amount denoted therein (including records entered in any electronic or magnetic means), irrespective of its name or form, so that the insured or dependent can obtain medical treatment related to pregnancy and delivery when she presents it to a health care institution designated pursuant to Article 24; the same shall apply hereinafter) in connection with the payment of the medical expenses for pregnancy and delivery under paragraphs (2) and (3). <Amended by Presidential Decree No. 27296, Jun. 30, 2016>
- (7) The pregnant insured or dependent shall not use treatment coupons issued under paragraph (6) after the lapse of 60 days from the estimated due date confirmed by a health care institution. <Amended by Presidential Decree No. 27296, Jun. 30, 2016>
- (8) Except as provided for in paragraphs (2) through (7), matters necessary for the procedure for and method of the payment of the medical expenses for pregnancy and delivery, the issuance and use of treatment coupons, and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Presidential Decree No. 27296, Jun. 30, 2016>

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### **Article 24 | Health Care Institutions Accepting Treatment Coupons**

- (1) The NHIS shall designate health care institutions that shall accept treatment coupons under Article 23 (6) for medical treatment related to pregnancy and delivery. <Amended by Presidential Decree No. 27296, Jun. 30, 2016>
- (2) The pregnant insured or dependent who intends to be reimbursed medical expenses for pregnancy and delivery under Article 23 (1) shall use treatment coupons in a medical institution designated pursuant to paragraph (1).
- (3) Except as provided for in paragraphs (1) and (2), matters necessary for the procedure for and method of designation of health care institutions and other relevant matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 25 | Health Checkups**

- (1) Health checkups (hereinafter referred to as "health checkups") provided for in Article 52 of the Act

shall be conducted, classifying them into general health checkup, cancer checkup, and infant and child health checkup.

- (2) Any of the following persons are eligible for health checkups: <Amended by Presidential Decree No. 25583, Aug. 29, 2014>
1. General health checkups: The employee insured, the self-employed insured who are the heads of households, the self-employed insured who are older than 40 years of age, and the dependents who are older than 40 years of age;
  2. Cancer checkups: Persons falling under checkup cycle by cancer type, age standard, etc. set forth in attached Table 1 of the Enforcement Decree of the Cancer Control Act;
  3. Infant and child health checkups: The insured and their dependants who are younger than 6 years of age.
- (3) Health checkups shall be conducted at least once every two years, and for the employee insured who do not work at a desk, health checkups shall be conducted once a year: Provided, That cancer checkups shall be conducted as prescribed in the Enforcement Decree of the Cancer Control Act, and infant and child health checkups may be conducted according to the checkup cycle and frequency determined and publicly notified by the Minister of Health and Welfare, after taking into account the ages, etc. of the infants and children. <Amended by Presidential Decree No. 25583, Aug. 29, 2014>
- (4) Health checkups shall be conducted by health care institutions designated in accordance with Article 14 of the Framework Act on Health Examination (hereinafter referred to as "checkup institutions").
- (5) If the NHIS intends to conduct a health checkup, it shall notify the persons eligible for a health check of the matters concerning the conduct of their health checkups according to the following classifications:
1. General health checkups and cancer checkups: Where a health checkup is conducted for the employee insured, the relevant employers shall be notified of the health checkup and where a health checkup is conducted for the dependents of the employee insured and the self-employed insured, persons who undergo health checkups shall be notified thereof;
  2. Infant and child health checkups: where a health checkup is conducted for infants and children who are the dependants of the employee insured, the relevant employee insured shall be notified thereof and where a health checkup is conducted for infants and children of the self-employed insured, the heads of their households shall be notified thereof.
- (6) Checkup institutions that have conducted the health checkups shall notify the NHIS of the outcomes of their health checkups and the NHIS shall notify persons who have undergone health checkups, of the outcomes of such health checkups: Provided, That where any checkup institution directly notifies anyone who has undergone a health checkup of the outcomes of his/her health checkup, the NHIS may choose not to notify him/her of the outcomes of his/her health checkup.
- (7) The subject matters of health checkups, the methods of conducting health checkups, expenses incurred therefor, procedures for notifying the results of health checkups and other necessary matters concerning health checkups shall be determined and publicly notified by the Minister of Health and Welfare.

### **Article 26 | Period in Arrears, etc. for Insurance Contributions**

- (1) "Period prescribed by Presidential Decree" in the main sentence other than the subparagraphs of Article 53 (3) of the Act means one month.
- (2) "Number of times prescribed by Presidential Decree" in the proviso to the part other than the subparagraphs of Article 53 (3) of the Act means six times.

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### **Article 26-2 | Methods of, Procedures for, etc. Filing an Application for Accounts for Receipt of Health Care Costs**

- (1) A person who intends to receive health care costs, etc. through an account opened in the name of a person eligible for health care (hereinafter referred to as "account for receipt of health care costs, etc.") under the main sentence of Article 56-2 (1) of the Act shall submit to the NHIS a request for payment of health care costs, a request for payment of insurance benefits of supportive equipment, etc., respectively, stating the account number for receipt of health care costs, etc., along with a copy of his/her deposit passbook (referring to a page where the account number is shown). The same shall also apply to the change of an account number for the receipt of health care costs, etc.
- (2) When a bank where a recipient has opened an account for receipt of health care costs, etc. has discontinued its business or its normal business is impracticable due to business suspension or an information communication problem, or when an account transfer is impracticable due to an inevitable cause corresponding thereto, the NHIS shall directly pay it in cash under the proviso to Article 56-2 (1) of the Act.

[This Article Newly Inserted by Presidential Decree No. 25760, Nov. 20, 2014]

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### **Article 27 | Payment of Costs of Health Care Benefit to Soldiers, etc. in Active Service**

- (1) "Medical care, etc. prescribed by Presidential Decree" in the forepart of Article 60 (1) of the Act means any health care benefit referred to in Article 41 (1) 1 through 3 and 5 of the Act.
- (2) Pursuant to the latter part of Article 60 (1) of the Act, the Minister of Justice, the Minister of National Defense, the Minister of Public Safety and Security, or the Commissioner of the National Police Agency (hereinafter referred to as "head of an agency") shall deposit in an account designated by the NHIS, the costs of health care benefit of the relevant agency, which are expected to be incurred annually. <Amended by Presidential Decree No. 25751, Nov. 19, 2014>
- (3) The NHIS shall notify the operational situation of money deposited to the Minister of Health and Welfare and the head of a relevant agency every quarter.
- (4) Where the costs of health care benefit deposited by the head of an agency pursuant to paragraph (2) fall short of the costs of health care benefit to be borne by the NHIS, the NHIS shall immediately request the head of the relevant agency to pay the shortfall and the head of the agency, in receipt of a request, shall pay it to the NHIS.
- (5) The NHIS may use interest accruing on the costs of health care benefit deposited by the head of an agency pursuant to paragraph (2) for the costs of health care benefit it bears.



## **CHAPTER V HEALTH INSURANCE REVIEW AND ASSESSMENT SERVICE**

### **Article 28 | Services**

- (1) "Services prescribed by Presidential Decree" in Article 63 (1) 7 of the Act refers to any of the following services: <Amended by Presidential Decree No. 24341, Jan. 28, 2013>
1. Computer processing, such as development, supply, inspection, etc. of software related to a request for the review of cost of health care benefit under Article 47 of the Act;
  2. Review on the health care benefit received by the institutions as determined by Ordinance of the Ministry of Health and Welfare from among the care expense paid under Article 49 (1) of the Act;
  3. Publication of evaluation results of the appropriateness of health care benefit under Article 63 (1) 2 of the Act;
  4. Development and management of the patient classification system for providing the services listed in Article 63 (1) 1 through 6 of the Act and subparagraphs 1 through 3 of this paragraph;
  5. Education and publicity related to the services listed in Article 63 (1) 1 through 6 of the Act and subparagraphs 1 through 4 of this paragraph.
- (2) Computer processing, disclosure of the evaluation of the appropriateness, procedure, standards and method for the development and management of patient classification system under paragraph (1) 1, 3, and 4, and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended by Presidential Decree No. 24341, Jan. 28, 2013>

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### **Article 29 | Executive Officers Who Are Public Officials**

The Minister of Health and Welfare shall recommend a non-standing director of the Review and Assessment Service under Article 65 (4) of the Act by designating one person from among public officials of Grade III at the Ministry of Health and Welfare or public officials belonging to the Senior Civil Service. <Amended by Presidential Decree No. 27433, Aug. 2, 2016>

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### **Article 30 | Delegation of Authority of President**

Matters that may be delegated by the president of the Review and Assessment Service to the head of a branch office under Article 32 of the Act applied mutatis mutandis under Article 68 of the Act shall be the authority of health care institutions, except for the following health care institutions, on reviewing the costs of health care benefit under Article 47 (2) of the Act and on determining objections under Article 87 (2) of the Act:

1. Tertiary hospitals under Article 3-4 of the Medical Service Act;
2. Other health care institutions determined by the articles of incorporation of the Review and Assessment Service.

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### **Article 31 | Provisions Applied Mutatis Mutandis**

@Articles 11 (excluding subparagraph 5) and 12 shall apply mutatis mutandis to matters deliberated on and resolved by the meetings of the board of directors of the Review and Assessment Service. In

such cases, "NHIS" shall be construed as "Review and Assessment Service", and "president" of the NHIS as "president" of the Review and Assessment Service.

## **CHAPTER VI INSURANCE CONTRIBUTIONS**

### **Article 32 | Upper Limit and Lowest Limit of Amount of Monthly Remuneration**

"Standards prescribed by Presidential Decree" in Article 70 (1) of the Act means the standards stipulated in the following subparagraphs:

1. In cases where the monthly remuneration is less than 280,000 won, the amount of monthly remuneration shall be calculated as 280,000 won;
2. In cases where the monthly remuneration exceeds 7,810,000 won, the amount of monthly remuneration shall be calculated as 7,810,000 won.

### **Article 33 | Money and Valuables to be Included in Remunerations**

(1) "Those determined by Presidential Decree" in the former part of Article 70 (3) of the Act means the pay, salary, remuneration, annual allowance, wage, bonus and allowances, and the money and valuables similar thereto paid in compensation for the provision of labor, other than the following: <Amended by Presidential Decree No. 26367, Jun. 30, 2015>

1. Retirement allowance;
  2. Prize money, and translation or script fee;
  3. Non-taxable income from labor under the Income Tax Act: Provided, That the non-taxable income under subparagraph 3 (j), (m), and (o) of Article 12 of the Income Tax Act shall be excluded.
- (2) "Cases prescribed by Presidential Decree, such as no data relating to the remunerations exists or it is indistinct" in the latter part of Article 70 (3) of the Act means any of the following:
1. Where remuneration-related data is absent or indistinct;
  2. Where the NHIS deems the remuneration-related data unreliable, considering the minimum wage amount provided for in Article 5 of the Minimum Wage Act.
- (3) Where all or part of the remuneration is paid in kind, the amount determined by the NHIS on the basis of the current price thereof in the relevant region shall be deemed the remuneration corresponding thereto.
- (4) Where the remuneration of workers in a workplace is verified during the period of applying the amount publicly notified by the Minister of Health and Welfare under the latter part of Article 70 (3) of the Act, the relevant amount publicly notified shall cease to apply, beginning with a month following the month whereto belongs the date of verification by the NHIS.

### **Article 34 | Principle of Imposing Insurance Contributions on the Employee Insured**

(1) Pursuant to Article 70 (1) of the Act, insurance contributions based on monthly remuneration for the employee insured shall be imposed annually on the basis of the monthly amount of remuneration computed by the following classification, and such monthly remuneration shall be recomputed under Article 39 on the basis of the amount of gross remuneration earned during the relevant year,

which shall be confirmed in the following year, and settled accordingly: Provided, That as regards the employee insured subject to the amount publicly notified by the Minister of Health and Welfare under the latter part of Article 70 (3) of the Act, the settlement of contributions imposed while applying the relevant notified amount may be omitted:

1. Persons who acquire entitlement as the employee insured, or such entitlement is converted into the other employee insured, or whose entitlement as the self-employed insured is converted to the employee insured: The amount of monthly remuneration when entitlement is acquired or converted under Article 37;
  2. The employee insured not falling under subparagraph 1: The amount of monthly remuneration computed under Article 36 on the basis of gross remuneration received in the preceding year.
- (2) The applicable period for the monthly amount of remuneration set forth in the subparagraphs of paragraph (1) shall be as follows: <Amended by Presidential Decree No. 24776, Sep. 26, 2013>
1. The insured under paragraph (1) 1: From the month in which falls the day when entitlement is acquired or changed (referring to the month following the month whereto belongs a day when entitlement is changed, in cases where entitlement is changed after the second of each month) until March of the following year;
  2. The insured under paragraph (1) 2: From April every year until March of the following year.

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### **Article 35 | Report of Remuneration, etc. for Computing Monthly Remuneration Amount**

- (1) Each employer shall report to the NHIS by not later than March 10 each year of the matters required for the computation of the monthly remuneration amount under Article 70 (1) of the Act, such as the gross amount of remuneration paid in the preceding year to all the employee insured (referring to the gross amount of remuneration paid from January to December by the relevant employee insured, which is the amount computed under Article 70 of the Act and Article 33 of this Decree; hereinafter the same shall apply), and the period in which the employee insured have engaged in the relevant workplace, the State, local government, private school or its school management agency (hereinafter referred to as "workplace, etc."). In such cases, for the employee insured who are subject to the application of the latter part of Article 70 (3) of the Act, such reporting may be omitted. <Amended by Presidential Decree No. 24776, Sep. 26, 2013>
- (2) Each employer shall report to the NHIS the matters required for the computation of the monthly remuneration under Article 70 (1) of the Act, such as the gross amount of remuneration paid to all the employee insured who have been engaged, appointed, or employed until then (referring to the relevant employee insured, in cases under subparagraph 3), in cases where the relevant workplace falls under any of the following subparagraphs:
  1. Where the workplace is closed, or bankrupted, or circumstances corresponding thereto occur;
  2. Where a private school is closed;
  3. Where some of the employee insured retire.

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### **Article 36 | Confirmation, etc. on Amount of Monthly Remuneration**

- (1) The NHIS shall confirm the amount obtained by dividing the gross amount of remuneration reported under Article 35 by the number of months for which the employee insured has engaged

during the preceding year in the relevant workplace, etc., as the monthly remuneration: Provided, That where the employers have notified the NHIS of the average rate of increase or decrease of remunerations during the relevant business year in the relevant workplace, etc., the amount of monthly remuneration shall be determined every year by making the amount computed after reflecting the relevant average increase or decrease rate in the amount calculated as provided for in the main sentence.

- (2) Where remuneration to the relevant employee insured is increased or decreased, the employers may file an application with the NHIS for the change of the amount of monthly remuneration: Provided, That the employer of a workplace to which at least 100 full-time workers belong shall file an application for change of the amount of monthly remuneration as follows: <Amended by Presidential Decree No. 26743, Dec. 22, 2015>
1. Where the remuneration of the relevant month is changed on or before the 14th day: By the 15th day of the relevant month;
  2. Where the remuneration of the relevant month is changed on or after the 15th day: By the 15th day of the month following the relevant month.
- (3) The NHIS may, where an employer fails to report under Article 35 or where the details of such report are incorrect, investigate the relevant facts and compute or change the monthly remuneration under Article 94 of the Act, and where in receipt of an application for changes of the amount of monthly remuneration under paragraph (2), may change the monthly remuneration from the month remuneration is increased or the month remuneration is decreased.
- (4) Where any insured is being paid the remuneration by not less than two places of business to which the health insurance is available, his/her monthly remuneration is confirmed respectively taking into account the remunerations that are paid by such workplaces to him/her.
- (5) The methods of computation of monthly remuneration, where the monthly remuneration of the employee insured is difficult to compute under Articles 33 through 38 or where no data exists to enable verify the enumerations, as well as the required matters such as an application for changes of the monthly remuneration when increasing or decreasing remuneration, shall be determined by the articles of incorporation of the NHIS through a resolution by the financial operation committee.

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### **Article 37 | Confirmation of Monthly Remuneration when Acquiring or Changing Entitlement as the Employee Insured**

Where any person acquires entitlement as the employee insured or changes into the other employee insured or changes from the self-employed insured to the employee insured, the NHIS shall confirm the amount of the monthly remuneration by making the amount based upon the following divisions for the relevant insured:

1. Where remuneration is determined annually, quarterly, monthly, weekly, or by other specified period: The amount equivalent to 30 times the amount obtained by dividing the relevant remuneration by the total number of days in the relevant period;
2. Where remuneration is determined daily, hourly, by production volume or contract: The amount obtained by averaging the remuneration of persons who receive the same remuneration by engaging in the same business as the relevant insured at the relevant workplace during the month preceding the month when acquiring entitlement as the employee insured or changing such entitlement;

3. With respect to those whose monthly remuneration is difficult to compute under subparagraphs 1 and 2: The amount obtained by taking the average remuneration received by those who engage in the same business during one month preceding the month when entitlement as the employee insured is acquired or the entitlement is converted.

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### **Article 38 | Confirmation on Amount of Monthly Remuneration for Employers who Receive no Remuneration**

- (1) The monthly remuneration amount for the employers who receive no remuneration under Article 70 (4) of the Act shall be computed based on the following methods. In this case, the relevant employer shall submit materials verifying the amount of their income or notify the amount of their income to the NHIS by not later than May 31 each year (in cases of employers who have submitted a certificate of faithful return to the head of the competent tax office under Article 70-2 of the Income Tax Act (hereafter referred to as "faithfully-returned employers" in this paragraph), by not later than June 30, and the monthly amount of remuneration so calculated shall be applicable from June each year to May next year (in cases of faithfully-returned employers, from July each year to June next year): <Amended by Presidential Decree No. 24776, Sep. 26, 2013>
1. Where the income is attributable to the relevant workplace during the relevant year and is prescribed by Ordinance of the Ministry of Health and Welfare, and the amount thereof is verified by objective data;
  2. Where no objective data exists to enable verification of the income, the amount reported by the employer.
- (2) Articles 34 (1), 35 (2), and 36 shall apply mutatis mutandis to the procedures, etc. for confirming or changing the monthly amount of remuneration of the employers who receive no remuneration. <Newly Inserted by Presidential Decree No. 24776, Sep. 26, 2013>
- (3) Notwithstanding paragraphs (1) and (2), where the amount verified or reported under paragraph (1) 1 or 2 is less than the monthly amount of remuneration of the worker who is paid the highest monthly remuneration in the relevant workplace, the amount of monthly remuneration for the relevant workers shall be the monthly remuneration of the said worker. <Amended by Presidential Decree No. 24776, Sep. 26, 2013>

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### **Article 39 | Settlement of Insurance Contribution Accounts and Payment by Installments**

- (1) Where the amount of insurance contributions that is initially computed and collected exceeds the amount of insurance contributions recomputed pursuant to Articles 34 through 38, the NHIS shall refund such overpayment to the employer, and where it falls short thereof, collect, in addition, the difference from the employer.
- (2) The employer shall, where the relations of employment, appointment, and engagement of the employee insured are terminated, undergo the procedure for settling accounts with the NHIS, after settling accounts with the worker by further recomputing the insurance contributions already paid by the relevant employee insured: Provided, That as regards the employee insured to whom the amount publicly notified by the Minister of Health and Welfare under the latter part of Article 70 (3) of the Act is applied, the calculation of the contributions imposed during the period whereto the

notified amount is applied, may be omitted.

- (3) With respect to the amount to be refunded to or to be borne by the employee insured among the amount that has been refunded or paid in addition under paragraph (1), the employer shall settle accounts with the relevant employee insured.
- (4) Where the NHIS collects additional contributions under paragraph (1), it may arrange for the contributions to be paid in installments. In such cases, persons entitled to make such payment in installments and other necessary matters for payment in installments shall be determined by the articles of incorporation of the NHIS.

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### **Article 40 | Payment of Insurance Contributions when Public Officials Transferred**

Where the employee insured who is a public official is transferred to other agency, the insurance contributions for the month in which the date of transfer falls shall be paid by the head of the agency prior to such transfer by deducting it: Provided, That when the agency prior to such transfer did not pay the remuneration for the month of transfer, the moving-in agency shall pay it by deducting the same.

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### **Article 41 | Amount of Monthly Income**

- (1) Income to be included in computing the amount of monthly income provided for in Article 71 (1) of the Act (hereinafter referred to as "amount of monthly income") shall be as follows. In such cases, the amount of non-taxable income under the Income Tax Act shall be excluded therefrom:
  1. Interest income: Income prescribed in Article 16 of the Income Tax Act;
  2. Dividend income: Income prescribed in Article 17 of the Income Tax Act;
  3. Business income: Income prescribed in Article 19 of the Income Tax Act;
  4. Earned income: Income prescribed in Article 20 of the Income Tax Act: Provided, That the earned income deduction referred to in Article 47 of the same Act shall not apply;
  5. Pension income: Income prescribed in Article 20-3 of the Income Tax Act: Provided, That Articles 20-3 (2) and 47-2 of the same Act shall not be applied;
  6. Other income: income prescribed in Article 21 of the Income Tax.
- (2) "Amount prescribed by Presidential Decree" in Article 71 (1) of the Act shall mean 72,000,000 won per year.
- (3) The amount of monthly income shall be computed by dividing the aggregate income set forth in subparagraphs of paragraph (1) (excluding the remuneration included in computing the amount of monthly remuneration under Article 70 of the Act) which are obtained after being assessed in the manner determined by Ordinance of the Ministry of Health and Welfare by 12.
- (4) "Standards prescribed by Presidential Decree" in Article 71 (1) of the Act means that the amount of monthly income shall be calculated as 78,100,000 won, where the amount of monthly income exceeds 78,100,000 won.
- (5) Detailed matters necessary for the computation of the amount of monthly income, such as the time to reflect data of income set forth in each subparagraphs of paragraph (1) which are to be included in computing the amount of monthly income, other than those prescribed in paragraphs (1) through (4) shall be determined by the articles of incorporation of the NHIS.

## Article 42 | Criteria for Calculating Contribution Points

- (1) The contribution point referred to in Article 72 (1) of the Act shall be calculated in consideration of the following matters, and the detailed methods of calculation shall be as stipulated in attached Table 4:
1. Income;
  2. Property;
  3. The standard of living and the rate of participation in economic activity.
- (2) Article 41 (1) shall apply mutatis mutandis to the detailed types and scope of income provided for in paragraph (1) 1.
- (3) Property provided for in paragraph (1) 2 shall be as follows:
1. Land, buildings, housing, vessels, and airplanes subject to the property tax pursuant to Article 105 of the Local Tax Act: Provided, That this shall not include family property, village property, and other buildings and land similar thereto for the purpose of common use;
  2. For the self-employed insured who own no houses, the deposit money and monthly rent for the leased houses;
  3. Automobiles provided for in Article 124 of the Local Tax Act: Provided, That the following automobiles shall be excluded herefrom:
    - (a) Automobiles owned by persons who have rendered distinguished service to the State (including persons who have rendered distinguished service to the State under Article 73-2 of the Act on the Honorable Treatment of and Support for Persons, etc. of Distinguished Service to the State before it is amended by Act No. 11041) under Articles 4, 73, or 74 of the Act on the Honorable Treatment of and Support for Persons, etc. of Distinguished Service to the State and are judged to have suffered physical disability falling within the degree of injury under Article 6-4 of the same Act and automobiles owned by persons eligible for veteran's compensation under Article 2 of the Act on Support for Persons Eligible for Veteran's Compensation and are judged to have suffered physical disability falling within the degree of injury under Article 6 of the same Act;
    - (b) Automobiles owned by the disabled persons who are registered in accordance with the Act on Welfare of Persons with Disabilities;
    - (c) Automobiles exempted from taxation under Article 4 of the Restriction of Special Local Taxation Act;
    - (d) Automobiles for business use under Article 122 of the Enforcement Decree of the Local Tax Act.
- (4) "Criteria prescribed by Presidential Decree" in Article 72 (1) of the Act means the following standards:
1. Where the contribution points under paragraph (1) are less than 20 points, the contribution point shall be 20 points;
  2. Where the contribution points exceeds 12,680 points, the contribution points shall be 12,680 points.
- (5) Detailed matters necessary for the calculation of contribution points other than those prescribed in paragraphs (1) through (4), such as the timing for reflecting the data related to the matters set forth in subparagraphs of paragraph (1) which are to be included in the calculation of contribution point, shall be determined by the articles of incorporation of the NHIS.



### Article 43 | Separation of Household of the Self-Employed Insured

If the self-employed insured is any of the following persons, the NHIS may separate him/her from the relevant household to form a separate household: <Amended by Presidential Decree No. 24776, Sep. 26, 2013>

1. A person who has filed an application for the separation of household with the NHIS due to the reason of residing in a different household and maintaining a separate livelihood from the relevant household;
2. A person who is subject to the application of shares borne by the principal under subparagraph 3 (d) of attached Table 2;
3. A person servicing as full-time reserve personnel or social service personnel after call-up under Article 21 or 26 of the Military Service Act.

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### Article 44 | Insurance Contribution Rates and Monetary Value per Contribution Point

(1) The insurance contribution rate for the employee insured under Article 73 (1) of the Act shall be 612/10,000. <Amended by Presidential Decree No. 24261, Dec. 27, 2012; Presidential Decree No. 24776, Sep. 26, 2013; Presidential Decree No. 25760, Nov. 20, 2014; Presidential Decree No. 26743, Dec. 22, 2015>

(2) The monetary value per contribution point for the self-employed insured under Article 73 (3) of the Act shall be 179.6 won. <Amended by Presidential Decree No. 24261, Dec. 27, 2012; Presidential Decree No. 24776, Sep. 26, 2013; Presidential Decree No. 25760, Nov. 20, 2014; Presidential Decree No. 26743, Dec. 22, 2015>

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### Article 45 | Areas Subject to Reduction of Insurance Contributions

"Islands, remote areas, and agricultural and fishery communities, etc. that are prescribed by Presidential Decree" in Article 75 (1) 1 of the Act means any of the following areas: <Amended by Presidential Decree No. 26367, Jun. 30, 2015>

1. Island areas and isolated areas determined and publicly notified by the Minister of Health and Welfare as areas isolated from health care institutions and which entail a lengthy journey for anyone to reach health care institutions by means of public transport;
2. The following agricultural and fishing villages:
  - (a) Eup/Myeon area of a Gun or of a Si that takes the combined urban-rural form;
  - (b) Dong area of a Si or of a Gun referred to in Article 2 (1) 2 of the Local Autonomy Act, excluding residential areas, commercial areas, and industrial areas designated under Article 36 (1) 1 of the National Land Planning and Utilization Act;
  - (c) The area that falls under Article 33 of the Special Act on Improvement of Public Health and Welfare for Agricultural and Fishing Village Residents and Article 33 of the same Act;
3. The area recognized by the Minister of Health and Welfare in consideration of the characteristics of a workplace that has limited access to health care institutions.

### **Article 45-2 | Reduction, etc. of Insurance Contributions for Account Transferors, etc.**

Where a person liable for paying insurance contributions is notified of the payment of his/her insurance contributions by means of electronic document or pays his/her insurance contributions by means of automatic account transfer under Article 75 (2) of the Act, the NHIS may reduce the insurance contributions or provide money or valuables equivalent to the reduced contributions within the limit of administrative expenses, such as postage, etc., as prescribed by the articles of incorporation of the NHIS. <Amended by Presidential Decree No. 24776, Sep. 26, 2013>

### **Article 46 | Minors Subject to Exemption from Joint Liability of the Self-Employed Insured on Payment of Insurance Contributions**

"Minors who meet the criteria prescribed by Presidential Decree" in the proviso to Article 77 (2) of the Act means any of the following: <Amended by Presidential Decree No. 26743, Dec. 22, 2015>

1. A minor who is a member of a household, which includes an adult as its member, and meets all the following requirements:
  - (a) The relevant minor shall not have any type of income referred to in Article 42 (2);
  - (b) The relevant minor shall not have property referred to in Article 42 (3) 1;
  - (c) The relevant minor shall not have property referred to in Article 42 (3) 3;
2. A minor whose both parents have died and who does not have any type of income referred to in Article 42 (2).

### **Article 46-2 | Secondary Payment Responsibility following Transfer, or Acquisition by Transfer, of Business**

- (1) A business transferee who has secondary payment responsibility pursuant to the latter part of Article 77-2 (2) of the Act shall be the person who has universally succeeded all the rights (excluding rights to receivables) to, and all the obligations (excluding obligations for accounts payable) for, the relevant business at each workplace.
- (2) The value of property acquired by transfer of business, which is the limit of secondary payment responsibility under the latter part of Article 77-2 (2) of the Act, shall be any of the following: Provided, That the amount referred to in subparagraph 2 shall apply only where the amount referred to in subparagraph 1 does not exist or is unclear:
  1. An amount paid or to be paid, if any, by the transferee to the transferor;
  2. The value obtained by subtracting the total liabilities acquired from the total assets acquired, both of which were evaluated by the NHIS by applying mutatis mutandis Articles 60 through 66 of the Inheritance Tax and Gift Tax Act thereto.
- (3) Notwithstanding paragraph (2), in any of the following cases, the value of property acquired by transfer of business shall be either an amount computed by the method referred to in paragraph (2) 1 or an amount computed by the method referred to in paragraph (2) 2, whichever is larger:
  1. Where the difference between the amount referred to in paragraph (2) 1 and the market value referred to in Article 60 of the Inheritance Tax and Gift Tax Act is at least 300 million won;
  2. Where the difference between the amount referred to in paragraph (2) 1 and the market value

referred to in Article 60 of the Inheritance Tax and Gift Tax Act is at least an amount equivalent to 30/100 of such market value.

[This Article Newly Inserted by Presidential Decree No. 27433, Aug. 2, 2016]

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### Article 46-3 | Additional Charges

- (1) "Grounds prescribed by Presidential Decree" referred to in the main sentence of Article 78-2 (1) of the Act means any of the following:
  1. Where the relevant person is not a worker, public official, teacher or school staff member;
  2. Where the relevant person falls under any subparagraph of Article 6 (2) of the Act.
- (2) "Cases prescribed by Presidential Decree, such as where additional charges are small sums or where it is deemed inappropriate to collect additional charges" under Article 78-2 (2) of the Act means any of the following:
  1. Where the additional charges (referring to the additional charges under Article 78-2 (1) of the Act; hereinafter the same shall apply) are less than three thousand won;
  2. Where the NHIS recognizes that extenuating circumstances exist which make it inappropriate to collect additional charges.

[This Article Newly Inserted by Presidential Decree No. 27508, Sep. 22, 2016]

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### Article 46-4 | Payment of Insurance Contributions, etc. by Credit Cards, etc.

- (1) "Amount of insurance contributions, etc. prescribed by Presidential Decree" in Article 79-2 (1) of the Act means 10 million won.
- (2) "Institution, etc. prescribed by Presidential Decree" in Article 79-2 (1) means any of the following institutions:
  1. The Korea Financial Telecommunications and Clearings Institute established under Article 32 of the Civil Act with the approval of the Financial Services Commission;
  2. Institutions designated by the NHIS taking into account facilities, ability to conduct business, size of the capital, etc. among the institutions that conduct settlements by credit cards, debit cards, etc. (hereafter referred to as "credit cards, etc." in this Article) by using information and communications network.
- (3) Fees for vicarious payment referred to in Article 79-2 (3) of the Act shall be approved by the NHIS after overall consideration of the operation expenses of the institutions for vicarious payment of insurance contributions. In such cases, the fees for the institutions for vicarious payment of insurance contributions, etc. shall not exceed 10/1,000 of the payment amount of the relevant insurance contributions, etc.
- (4) The NHIS may determine the matters necessary for the payment of insurance contributions, etc. by credit cards, etc.

[This Article Newly Inserted by Presidential Decree No. 25583, Aug. 29, 2014]

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### Article 47 | Causes for Exclusion from Provision of Data concerning Arrear or Disposition on Deficits

"Where any other cause prescribed by Presidential Decree exists" in the proviso to the main sentence

Article 81-2 (1) of the Act means any of the following cases:

1. When the payer in arrears, for whom the collection of the amount in arrears has been suspended in accordance with the determination for authorizing the rehabilitation plan under Article 243 of the Debtor Rehabilitation and Bankruptcy Act, is in the period of suspension, or when he/she is making payments of the amount in arrears pursuant to the payment schedule of the rehabilitation plan;
2. When the NHIS acknowledges that the payer in arrears is unable to pay the amount in arrears due to any of the following causes:
  - (a) Where a serious loss has been incurred to his/her property due to a disaster or theft;
  - (b) Where his/her business has suffered a remarkable loss or is in crisis.

[This Article Newly Inserted by Presidential Decree No. 24776, Sep. 26, 2013]

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### **Article 47-2 | Procedures for Provision of Data Concerning Arrear or Disposition on Deficit**

- (1) When a composite credit information collection agency under Article 25 (2) 1 of the Credit Information Use and Protection Act (hereinafter referred to as "composite credit information collection agency") requests data concerning the personal information, amount in arrears, or the amount written off, of a defaulter of insurance contributions, etc. or a person whose amount in arrears is written off (hereinafter referred to as "data concerning arrear, etc."), from the NHIS under Article 81-2 of the Act, the agency shall make such request in a document stating the following:
  1. Name and address of the composite credit information collection agency;
  2. Details and use of the data concerning arrear, etc. being requested.
- (2) When the NHIS provides a composite credit information collection agency with data concerning arrear, etc. at a request made under paragraph (1), it may provide them by means of a document or an electronic file (referring to a magnetic tape, magnetic disc, or any other medium similar thereto, in which data concerning arrear, etc. is recorded or preserved) through an information and communications network.
- (3) Where the payment of the amount in arrears, the revocation of disposal of deficit, or any other cause occurs after the NHIS has provided data concerning arrear, etc. under paragraph (2), the NHIS shall inform the composite credit information collection agency that has been provided with the data concerning arrear, etc. thereof within 15 days from the date of occurrence of such cause.
- (4) Matters necessary for the provision of data concerning arrear, etc. other than those provided for in paragraphs (1) through (3) shall be determined by the NHIS.

[This Article Newly Inserted by Presidential Decree No. 24776, Sep. 26, 2013]

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### **Article 47-3 | Certification, etc. of Payment of Insurance Contributions**

- (1) "Construction project, manufacture, purchase, service or any other contract prescribed by Presidential Decree" under the main sentence of Article 81-3 (1) of the Act means any of the following contracts: <Amended by Presidential Decree No. 27621, Nov. 29, 2016>
  1. A contract referred to in Article 2 of the Act on Contracts to Which the State Is a Party: Provided, That any contract the price for which is paid with the operating expenses for government agencies referred to in Article 31 of the Enforcement Decree of the Management of

- the National Funds Act shall be excluded herefrom;
2. A contract referred to in Article 2 of the Act on Contracts to Which a Local Government Is a Party: Provided, That any contract the price for which is paid with the ordinary expenses referred to in Article 91 of the Enforcement Decree of the Local Accounting Act shall be excluded herefrom;
  3. A contract concluded by a public institution under the Act on the Management of Public Institutions: Provided, That any contract the price for which is paid with the funds, which are prescribed and publicly notified by the Minister of Health and Welfare and considered to be ordinary expenses in their nature, shall be excluded herefrom.
- (2) "Cases prescribed by Presidential Decree, including where a person obligated to make payment intends to pay all or some of the price for a contract with insurance contributions in arrear" under the proviso to Article 81-3 (1) of the Act means any of the following:
1. Where a person obligated to make payment intends to pay all of the price received with the insurance contributions, subsequent arrears and expenses for disposition on default, or to pay some of such price with the total amount of the insurance contributions, subsequent arrears and expenses for disposition on default;
  2. Where the NHIS receives the price for the relevant contract in accordance with the disposition on default under Article 81 of the Act;
  3. Where the competent court deems it impracticable to smoothly take bankruptcy procedures because a trustee in bankruptcy under the Debtor Rehabilitation and Bankruptcy Act is unable to certify the payment of insurance contributions, and the trustee in bankruptcy requests the NHIS for an exception to the certification of payment;
  4. Where the relevant rehabilitation plan under the Debtor Rehabilitation and Bankruptcy Act provides that the collection of insurance contributions, subsequent arrears and expenses for disposition on default or the realization of any property under a disposition on default is deferred; and in such cases, the insurance contributions, subsequent arrears and expenses for disposition on default the certification of payment of which is not required shall be limited to the amount the collection or realization of which is deferred.
- (3) Where a person obligated to pay insurance contributions under Article 77 of the Act intends to receive certification for the payment of insurance contributions, subsequent arrears and expenses for disposition on default pursuant to the main sentence of Article 81-3 (1) of the Act, he/she shall request the NHIS to certify the payment thereof, as prescribed and publicly notified by the Minister of Health and Welfare: Provided, That where a person who receives the price for a contract is not the original contractor, any of the following relevant persons shall request the certification of the payment thereof:
1. Where the claims are transferred: Transferor and transferee;
  2. Where the court's assignment order is complied with: Execution creditor;
  3. Where the subcontract consideration for a construction project is directly received pursuant to Article 14 (1) 1 or 2 of the Fair Transactions in Subcontracting Act: Subcontractor.

[This Article Newly Inserted by Presidential Decree No. 27433, Aug. 2, 2016]

### **Article 48 | Disclosure of Personal Information of Persons in Arrear with Large Amount or in Habitual Arrears, Causes for Exclusion from Disclosure thereof, etc.**

- (1) "Where any cause prescribed by Presidential Decree, such as partial payment of the amount in arrears, exists" in the proviso to Article 83 (1) of the Act means any of the following cases:
  1. Where not less than 30/100 of the amount of insurance contributions in arrear, arrears, and expenses for disposition on default (hereinafter referred to as "amount in arrears") which are in default at the time a notification is issued under Article 83 (3) of the Act is paid within six months after the date of such notification;
  2. Where the collection of amount in arrears is postponed by the determination to grant authorization of the rehabilitation plan made under Article 243 of the Debtor Rehabilitation and Bankruptcy Act and the case is within the grace period or the amount in arrears is being paid in accordance with payment schedule of the rehabilitation plan;
  3. Where gross damage is caused to property of a person in arrear or his/her business falls into a serious crisis due to a natural disaster, for which case the Deliberative Committee on Disclosure of Insurance Contribution Information established under Article 83 (2) of the Act (hereinafter referred to as the "Deliberative Committee on Disclosure of Insurance Contribution Information") recognizes the disclosure of personal information, amount in arrears, etc. (hereinafter referred to as "personal information, etc.") of the defaulter shall not be of any practical benefit.
- (2) The NHIS and the Deliberative Committee on Disclosure of Insurance Contribution Information shall, in selecting the persons subject to the disclosure of personal information, etc. under Article 83 (3) of the Act, make a judgement on whether they have the ability to make payment, taking into account their property conditions and income levels, whether or not they are minors, and other circumstances comprehensively.
- (3) When the NHIS informs a person in arrear under Article 83 (3) of the Act that he/she is subject to the disclosure of personal information, etc., it shall demand him/her to pay the amount in arrears, and if a defaulter falls under any cause for exclusion from the disclosure of personal information etc. under the proviso to Article 83 (1) of the Act, it shall assist him/her to submit explanatory materials for the default.
- (4) When the NHIS makes a disclosure of personal information, etc. under Article 83 (4) of the Act, the name, trade name (including the name of a corporation), age, address of a person in arrear, type of the default, payment due date, amount in arrears, gist of the arrear, etc. shall be disclosed, and where a person in arrear is a corporation, the name of the representative of the corporation shall also be disclosed.

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### **Article 49 | Composition and Operation of the Deliberative Committee on Disclosure of Insurance Contribution Information**

- (1) The Deliberative Committee on Disclosure of Insurance Contribution Information shall be comprised of 11 members, including one chairperson.
- (2) A standing director in charge of the relevant affairs, from among the executive officers of the NHIS, shall become the chairperson of the Deliberative Committee on Disclosure of Insurance

Contribution Information, and the following persons appointed or commissioned by the president of the NHIS shall be the members thereof:

1. Four employees of the NHIS;
  2. One public official of Grade III or IV belonging to the Ministry of Health and Welfare in charge of affairs related to the collection of insurance contributions;
  3. One public official of Grade III or IV, belonging to the National Tax Service;
  4. Four persons with extensive knowledge on and experience in law, accounting, or social insurance.
- (3) The term of office of the members referred to in paragraph (2) 4 shall be two years.
- (4) Meetings of the Deliberative Committee on Disclosure of Insurance Contribution Information shall open with the attendance of a majority of all the incumbent members and the resolution thereof shall require the consent of a majority of those present.
- (5) Matters necessary for the composition and operation of the Deliberative Committee on Disclosure of Insurance Contribution Information other than those prescribed in paragraphs (1) through (4) shall be determined by the NHIS.

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## Article 50 | Disposition on Deficit

"Cases determined by Presidential Decree" in Article 84 (1) 3 of the Act means cases falling under any of the following subparagraphs:

1. Where a person in arrear possesses no assets, or is verified that the estimated value of total assets subject to dispositions on default has no residual equity for the remainder accruing after appropriating to the expenses for disposition on default;
2. Where verified that the total assets subject to dispositions on default have no residual equity for the remainder accruing after appropriating to the repayment of claims secured under national taxes, local taxes, lease on deposit basis, pledge or mortgage, or security right under the Act on Security over Movable Property, Claims, Etc., etc. which take precedence over the insurance contributions and other amounts collectable under this Act;
3. Where the financial operation committee has resolved that no possibility of collection exists.

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## Article 51 | Order of Appropriating Refund

(1) The NHIS shall appropriate a refund under Article 86 (1) of the Act in the following order, pursuant to the former part of Article 86 (2) of the same Act: <Amended by Presidential Decree No. 27508, Sep. 22, 2016>

1. Where insurance contributions and subsequent arrears are overpaid or erroneously paid:
  - (a) Expenses for disposition on default;
  - (b) Insurance contributions in arrear and subsequent arrears;
  - (c) Insurance contributions to be paid for the next one month (limited to where a person who is able to receive the balance remaining after the appropriation under the forepart of Article 86 (2) of the Act has consented thereto);
2. Where payment of collection under Article 57 of the Act (hereafter referred to as "payment of collection" in this subparagraph) and subsequent arrears are overpaid or erroneously paid:
  - (a) Expenses for disposition on default;
  - (b) Amount of collection in arrear and subsequent arrears;

3. Where additional dues and subsequent arrears are overpaid or erroneously paid:
  - (a) Expenses for disposition on default;
  - (b) Additional dues in arrear and subsequent arrears.
- (2) Where a balance exists after a refund is appropriated pursuant to paragraph (1) 1 through 3, the NHIS may appropriate it in the order classified as follows: <Amended by Presidential Decree No. 27508, Sep. 22, 2016>
  1. Where a balance exists after a refund is appropriated pursuant to paragraph (1) 1: It shall be appropriated in the order of each item under paragraph (1) 2, and then in the order of each item under paragraph (1) 3;
  2. Where a balance exists after a refund is appropriated pursuant to paragraph (1) 2: It shall be appropriated in the order of each item under paragraph (1) 1, and then in the order of each item under paragraph (1) 3;
  3. Where a balance exists after a refund is appropriated pursuant to paragraph (1) 3: It shall be appropriated in the order of each item under paragraph (1) 1, and then in the order of each item under paragraph (1) 2.

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## Article 52 | Additional Interest, etc. at Time of Appropriation or Payment of Refund

- (1) "Interest prescribed by Presidential Decree" in the latter part of Article 86 (2) of the Act means the amount calculated by multiplying the refund under Article 86 (1) of the Act by the interest rate of additional payment on the refund of national tax under Article 43-3 (2) of the Enforcement Decree of the Framework Act on National Taxes for the period from the date classified in the following subparagraphs until the date on which the refund is appropriated to the insurance contribution, etc., arrears, or expenses for disposition on default (or the date a notice of payment is issued in cases of payment): <Amended by Presidential Decree No. 24776, Sep. 26, 2013>
  1. Where insurance contributions, etc., arrears, or expenses for disposition on default (hereinafter referred to as "amount in arrears") have been paid in installments on at least two occasions, the day following the day payment in installments classified in the following items was made:
    - (a) Where the relevant refund does not exceed the amount paid in installments for the last time:
 

Date of payment in installments for the last time;
    - (b) Where the relevant refund is more than the amount paid in installments for the last time:
 

Date of payment in installments of each refund calculated retroactively in the order of date of recent payment in installments until the relevant refund becomes equivalent to the case under item (a);
  2. Where the NHIS refunds overpayments to the employer under Article 39 (1), the day classified in the following items:
    - (a) The day after seven days from the due date of notification where the employer has notified the NHIS by the due date of notification of the total amount, etc. of remuneration paid to the employee insured under Articles 35 and 38: Provided, That where it is notified after the due date of notification, the day after seven days from the date of notification;
    - (b) The day after seven days from the date of application where the employer applied for the change of monthly remuneration to the NHIS under Article 36 (2) (including cases applicable mutatis mutandis in Article 38 (2));



3. Where the NHIS refunds the insurance contributions after settling accounts with the employer due to any cause provided for in any subparagraph of Article 35 (2) as applicable mutatis mutandis under Article 38 (2) or where it refunds the insurance contributions after settling accounts again with the employer under Article 39 (2) as the relationship of employment, appointment or engagement of the employee insured came to an end, the day classified as follows:
    - (a) Where entitlement changes under Article 9 (1) of the Act: The day after a lapse of seven days from the day when a report of change in entitlement was made;
    - (b) Where entitlement is lost under Article 10 (1) of the Act: The day after a lapse of seven days from the day when a report of loss of entitlement was made;
  4. The day following the day when overpayment or erroneous payment was made in the cases other than subparagraphs 1 through 3.
- (2) When the NHIS intends to appropriate the refund to the insurance contributions, etc., arrears, or expenses for disposition on default under Article 86 (2) of the Act or to pay the balance after appropriation, it shall notify the payer of the fact in writing.

## **CHAPTER VII APPLICATIONS FOR OBJECTION & REQUESTS FOR JUDGMENT, ETC.**

### **Article 53 | Objection Committees**

An objection committee shall be established in the NHIS and the Review and Assessment Service, respectively, in order to efficiently perform the affairs concerning filing of objections under Article 87 (1) and (2) of the Act.

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### **Article 54 | Composition, etc. of Objection Committees**

- (1) Each objection committee (hereinafter referred to as "objection committee") established under Article 53 shall consist of 25 members including one chairperson.
- (2) A standing director of the NHIS designated by the president of the NHIS shall be the chairperson of the objection committee to be established in the NHIS, and its members shall be appointed or commissioned by the president of the NHIS, from among any of the following persons:
  1. One person from among the executives or employees of the NHIS;
  2. Eight persons, namely four persons recommended by an employers' organization and four persons recommended by a workers' organization, respectively;
  3. Eight persons, namely two persons recommended by civic groups, two persons recommended by consumers' organizations, two persons recommended by organizations of farmers or fishermen, and two persons recommended by organizations of the self-employed;
  4. Seven persons, namely lawyers and persons of profound learning and experience in social insurance and medical services.
- (3) A standing director of the Review and Assessment Service designated by the president of the Review and Assessment Service shall be the chairperson of the objection committee to be established in the Review and Assessment Service, and its members shall be appointed or commissioned by the president of the Review and Assessment Service from among any of the following:
  1. One person from among executive officers or employees of the Review and Assessment Service;
  2. Five persons recommended by organizations representing the insured (including the civic groups);
  3. Four attorneys-at-law and persons of learning and experience in social insurance;
  4. Fourteen persons recommended by medical organizations.
- (4) The term of office of the members commissioned pursuant to paragraphs (2) and (3) shall be three years.

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### **Article 55 | Operation of Objection Committees**

- (1) The chairperson of an objection committee shall convene every meeting of the objection committee and preside over such meetings. In such cases, if the chairperson is unable to perform any of his/her duties due to any extenuating circumstance, any member who is nominated by the chairperson shall act on behalf of the chairperson in performing the latter's duty.
- (2) Meetings of an objection committee shall be attended by the chairperson and six members who are designated by the chairperson whenever such meetings are held.

- (3) Meetings of an objection committee shall commence with the attendance of a majority of the members referred to in paragraph (2) and pass resolutions with the concurrent vote of a majority of those present.
- (4) Members present at the meetings of an objection committee, other than the chairperson and executive officers and employees working for the committee, shall be paid allowances, travel expenses, and other necessary expenses within limits of budget.
- (5) The scope of items put on the agenda items of an objection committee and other necessary matters concerning the operation of the committee shall be determined by the chairperson after going through the resolution thereof of the committee.

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### **Article 56 | Methods of Filing Objections, etc.**

The filing of objections and decisions on it under Article 87 (1) and (2) of the Act shall be based on the forms prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 57 | Notification of Decisions on Objection Filed**

Where the NHIS or the Review and Assessment Service has made a decision on any objection filed, it shall, without delay, notify the applicant with the original of such decision, and the interested parties with copies thereof.

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### **Article 58 | Period for Decisions on Objection Filed**

- (1) The NHIS and the Review and Assessment Service shall make a decision within 60 days from the receipt of written objection: Provided, That where any extenuating circumstances exist, it may extend the relevant period within the limit of 30 days.
- (2) Where the NHIS and the Review and Assessment Service intends to extend the period for decision under the proviso to paragraph (1), a notice thereof shall be served to the applicant by not later than seven days prior to the expiration of such period for determination.

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### **Article 59 | Submission, etc. of Request for Judgment**

- (1) Those who intend to request for judgment under Article 88 (1) of the Act shall submit a request for judgment, stating the following matters to the NHIS, the Review and Assessment Service, or the Health Insurance Dispute Mediation Committee (hereinafter referred to as "Dispute Mediation Committee") under Article 89 of the Act. In such cases, when a request for judgment has been submitted to a person without justifiable authority, the request for judgment shall be sent to a person with due authority:
  1. Name, resident registration number, and address of the requester and of the person subject to the disposition (in cases of a corporation, referring to the name, registration number and location of the corporation; hereinafter the same shall apply);
  2. Person who has made the original disposition (refers to the head of a relevant branch office where the head of the branch office has performed the original disposition on commission of the president of the NHIS or the president of the Review and Assessment Service; hereinafter the same shall apply);

3. Gist of disposition, and the date when he/she became aware that the original disposition was made;
  4. Purport and grounds for request for judgment;
  5. Where the requester is not a person subject to the disposition, relationship with him/her;
  6. Indication of attached documents;
  7. Whether a public notice was issued on the request for judgment, and its details.
- (2) Where the NHIS or the Review and Assessment Service has received a request for judgment under paragraph (1), it shall submit to the Dispute Mediation Committee the request for judgment accompanying a reply of the person who has taken the disposition and a copy of the decision on objection within ten days from the date it received the request for judgment.
- (3) Where the Dispute Mediation Committee has received a request for judgment under paragraph (1), it shall, without delay, send a copy or duplicate thereof to the NHIS or the Review and Assessment Service and the person who has taken the original disposition, and the NHIS or the Review and Assessment Service shall submit to the Dispute Mediation Committee, the reply of the person who has taken the disposition and a copy of the written determination on objection within ten days from the date it received the copy or duplicate.
- (4) When the request for judgment has been sent to a person with verifiable authority as referred to in the latter part of paragraph (1), the fact shall be notified to the requester without delay.
- (5) In calculating the period of request for judgment under the latter part of Article 88 (1) of the Act, it shall be deemed that a request for judgment was raised at the time when a request for judgment was submitted to the NHIS, the Review and Assessment Service, the Dispute Mediation Committee or a person without verifiable authority.
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### **Article 60 | Notice of Decision on Request for Judgment**

When the chairperson of the Dispute Mediation Committee has made a decision on request for judgment, the chairperson shall affix his/her signature and seal on the written decision stating the following matters, and send without delay such written decision to the applicant and the person who has taken the dispositions and send the copy thereof to the persons interested:

1. Name, resident registration number, and address of the applicant;
  2. Person who has taken the disposition;
  3. Main sentence of the decision;
  4. Gist of the request for judgment;
  5. Grounds for the decision;
  6. Date of the decision.
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### **Article 61 | Period for Decision on Request for Judgment**

- (1) The Dispute Mediation Committee shall make a decision within 60 days from the date a request for judgment is submitted under Article 59 (1): Provided, That where any extenuating circumstance exists, the period may be extended within the extent of 30 days.
- (2) If any extension of the period for decision is intended for under the proviso to paragraph (1), such fact shall be notified to the requester by not later than seven days before the period of decision finishes.
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### Article 62 | Organization, etc. of Dispute Mediation Committee

(1) The chairperson of the Dispute Mediation Committee shall be appointed by the President upon the recommendation of the Minister of Health and Welfare, and its members shall be appointed or commissioned by the Minister of Health and Welfare, from among the following persons:  
<Amended by Presidential Decree No. 25429, Jun. 30, 2014>

1. A current or former public official of Grade IV or higher or public official in general service belonging to the Senior Civil Service;
2. A person qualified as a judge, public prosecutor or lawyer;
3. An associate professor or a person holding a higher position in a field related to social insurances or medical treatment at a school listed in subparagraphs 1 through 3 of Article 2 of the Higher Education Act;
4. A person with extensive knowledge on and experience in social insurance or medical treatment.

(2) A public official in charge of the duty regarding requests for trials under Article 88 of the Act shall become the ex officio member prescribed in Article 89 (2) of the Act among the members referred to in paragraph (1) 1.

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### Article 62-2 | Discharge or Dismissal of Dispute Mediation Committee Members

The Minister of Health and Welfare may discharge or dismiss a member of the Dispute Mediation Committee referred to in each subparagraph of Article 62 (1), if:

1. The member becomes unable to perform his/her duties due to mental disorder;
2. The member commits misconduct in relation to his/her duties as a member;
3. The member is deemed unfit to serve as a member due to neglect of duties, injury to dignity, or any other reason;
4. The member fails to evade the relevant deliberation and resolution though he/she falls under any subparagraph of Article 65-2 (1);
5. The member voluntarily expresses his/her intention that it is impracticable to perform his/her duties.

[This Article Newly Inserted by Presidential Decree No. 26844, Dec. 31, 2015]

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### Article 63 | Duty of Chairperson of Dispute Mediation Committee

(1) The chairperson of the Dispute Mediation Committee shall represent the Dispute Mediation Committee and control overall duties of the Dispute Mediation Committee.

(2) Where the chairperson is unable to perform any of his/her duties due to any extenuating circumstance, the member designated by the chairperson shall act on his/her behalf.

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### Article 64 | Term of Office for Members of Dispute Mediation Committee

The term of office for members of the Dispute Mediation Committee shall be three years: Provided, That the term of office for public officials, from among the members set forth in Article 62 (1) 1, shall be the period of service at the relevant post.

### **Article 65 | Meetings of Dispute Mediation Committee**

- (1) The chairperson of the Dispute Mediation Committee shall convene and preside over meetings of the Dispute Mediation Committee.
- (2) Except as otherwise prescribed by this Decree, matters necessary for the operation of meetings of the Dispute Mediation Committee shall be determined by the chairperson via resolution of the Dispute Mediation Committee.

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### **Article 65-2 | Exclusion and Evasion of and Challenge to Member of Dispute Mediation Committee**

- (1) Any member of the Dispute Mediation Committee (hereafter referred to as "member" in this Article) who falls under any of the following cases shall be excluded from the deliberation and resolutions of the Dispute Mediation Committee:
  1. Where he/she, or his/her current or former spouse, becomes a party to the relevant agenda or holds any right or duty jointly with the party to such agenda;
  2. Where he/she is a current or former relative of a party to the relevant agenda;
  3. Where he/she has given any testimony, statement or advice, or conducted any research or provided service with respect to the relevant agenda;
  4. Where he/she or any corporation to which he/she belongs is a current or former agent of a party to the relevant agenda;
  5. Where he/she is or has been involved in a disposition or nonfeasance which became the cause of the relevant agenda.
- (2) If the circumstances indicate that it would be impracticable to expect fair deliberation and resolution of a member, a party to the relevant agenda may file a request for challenge to him/her with the Dispute Mediation Committee, and the Dispute Mediation Committee shall make a decision on such request by its resolution. In such cases, the member subjected to such request for challenge shall not participate in the resolution.
- (3) If a member falls under any ground for exclusion stipulated in the subparagraphs of paragraph (1), he/she shall voluntarily evade the deliberation and resolution of the relevant agenda.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]

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### **Article 66 | Administrative secretary of Dispute Mediation Committee**

- (1) The Dispute Mediation Committee shall have one administrative secretary to administer offices of the Dispute Mediation Committee.
- (2) The executive administrative secretary shall be appointed by the Minister of Health and Welfare, from among the public officials belonging to the Ministry of Health and Welfare.

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### **Article 67 | Allowances for Members of Dispute Mediation Committee**

Allowances, travel expenses, and other necessary expenses may be reimbursed to the members who attend the Dispute Mediation Committee within budget limits: Provided, That this shall not apply where members who are public officials attend in direct connection with their competent duties.

## **CHAPTER VIII SUPPLEMENTARY PROVISIONS**

### **Article 68 | Procedure for Delivery of Data on Reduced or Omitted Income**

- (1) In any of the following cases, the NHIS shall present the relevant data to the Minister of Health and Welfare, and deliver such data to the Commissioner of the National Tax Service under Article 95 (1) of the Act, following an investigation of the income reduction and omission investigation committee pursuant to paragraph (2):
1. Where the remuneration, income, etc. (hereinafter referred to as "income, etc.") that an employer, the employee insured, or householder has reported pursuant to Article 94 (1) of the Act falls under any of the following cases:
    - (a) Where it differs from the income, etc. reported to the National Tax Service;
    - (b) Where it is below the average income, etc. of the relevant industry or type of work;
    - (c) Where it differs from the content of remuneration ledger, or other income-related papers, documents, etc.;
  2. Any of the following cases where the reduction or omission of income, etc. is deemed exist:
    - (a) Where he/she fails to submit the data requested under Article 94 (1) of the Act or delays to submit them for not less than three months;
    - (b) Where he/she refuses, interferes with, or evades an investigation conducted under Article 94 (2) of the Act on three or more occasions.
- (2) The income reduction and omission investigation committee shall be established within the NHIS to investigate reduction or omission of income, etc. referred to in Article 95 (1) of the Act (hereinafter referred to as "income reduction and omission investigation committee").
- (3) The income reduction and omission investigation committee shall be comprised of five members, including a chairperson.
- (4) The chairperson of the income reduction and omission investigation committee shall be appointed by the president of the NHIS from among the executives and employees of the NHIS.
- (5) Any of the following persons appointed or commissioned by the president of the NHIS shall be the members of the income reduction and omission investigation committee:
1. One employee of the NHIS;
  2. Two persons, each one of whom is respectively designated by the head of the agency where he/she belongs, from among the public officials of Grade V or higher who are under the control of the Ministry of Health and Welfare and the National Tax Service, or the public officials in general service belonging to the Senior Civil Service;
  3. One certified tax accountant or one certified public accountant.
- (6) Matters necessary for the operation of the income reduction and omission investigation committee other than those prescribed in paragraphs (3) through (5) shall be prescribed by the president of the NHIS.

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### **Article 69 | Reflection of Data Furnished by National Tax Service**

Upon receipt of the matters regarding remuneration or income sent by the Commissioner of the

National Tax Service pursuant to Article 95 (2) of the Act, the NHIS shall apply the results to the remuneration or income of the relevant insured.

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### **Article 69-2 | Data, etc. Requested to be Provided**

- (1) "Data prescribed by Presidential Decree" in Article 96 (1) of the Act means the data shown in subparagraph 1 of attached Table 4-3.
- (2) "Data prescribed by Presidential Decree" in Article 96 (2) of the Act means the data shown in subparagraph 2 of attached Table 4-3.
- (3) Where the data referred to in paragraph (1) or (2) is stored by using a computer data recording device or computer program, such as a diskette, magnetic tape, microfilm, optical disc, etc., the State, local governments, health care institutions, insurance companies or contribution rate calculating institutions under the Insurance Business Act, public institutions under the Act on the Management of Public Institutions, other public institutions, etc. in receipt of a request for provision of data under Article 96 (1) or (2) of the Act, may provide data in the relevant form.

[This Article Newly Inserted by Presidential Decree No. 25760, Nov. 20, 2014]

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### **Article 70 | Criteria for Administrative Dispositions**

- (1) The criteria for the business suspension of health care institutions and for the imposition of penalty surcharges under Articles 98 (1) and 99 (1) of the Act shall be as shown in attached Table 5.
- (2) The procedure for collection of penalty surcharges under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 70-2 | Criteria for Imposition of Penalty Surcharges**

- (1) Where any of the following applies to a medicine subject to suspension of, or exclusion from the application of health care benefit under Article 41-2 (1) or (2) of the Act, the Minister of Health and Welfare may impose a penalty surcharge in lieu of suspension of, or exclusion from the application of health care benefit under Article 99 (2) of the Act: <Amended by Presidential Decree No. 25583, Aug. 29, 2014; Presidential Decree No. 27433, Aug. 2, 2016>
  1. Medicines that are shortage prevention drugs designated and publicly notified by the Minister of Health and Welfare and that manufacturers, manufacturers/distributor on consignment or importers avoid producing or importing, because such medicines are essential for the treatment of patients, but they are not cost-effective;
  2. Medicines and medical supplies which are orphan drugs determined by the Minister of Food and Drugs Safety and which need to be introduced urgently, because they are uncommonly applied and no alternative drug exists;
  3. A medicine publicly notified as eligible for health care benefit under Article 41 (3) of the Act is a single item and there exists no same medication (referring to a product which has the same administration route, ingredients, content and dosage form);
  4. Any other medicine deemed by the Minister of Health and Welfare to have any special ground.
- (2) Criteria for imposition of penalty surcharges under paragraph (1) shall be as set forth in attached Table 4-2.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]



### Article 70-3 | Imposition and Payment of Penalty Surcharges

- (1) When the Minister of Health and Welfare intends to impose a penalty surcharge under Article 99 (1) or (2), he/she shall give a written notice, stating the violation subject to the imposition of the penalty surcharge, the amount, payment due date, receiving agencies of the penalty surcharge, and other matters.
- (2) A person in receipt of the notice given under paragraph (1) shall pay the penalty surcharge by a payment due date specified on the payment notice of a penalty surcharge to the receiving agency: Provided, That where it is impossible to pay the penalty surcharge within the given period due to a natural disaster or any other extenuating circumstances, he/she shall pay it within seven days from the date on which such cause is settled.
- (3) Upon receiving a penalty surcharge, a receiving agency referred to in paragraph (2) shall issue the receipt to the relevant payer, and notify the Minister of Health and Welfare of the receipt without delay.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]

### Article 70-4 | Disposition for Persons Failing to Pay Penalty Surcharges

- (1) Where a person liable to pay a penalty surcharge under Article 99 (1) of the Act fails to make such payment by a due date therefor, the Minister of Health and Welfare shall issue a letter of overdue notice pursuant to the main sentence of Article 99 (4) of the Act, within 15 days after the due date therefor. In such cases, the due date for the payment shall be within ten days from the date the letter of overdue notice is issued.
- (2) Where a person liable to pay a penalty surcharge has received a letter of overdue notice under paragraph (1) but fails to make such payment by a due date therefor, the Minister of Health and Welfare shall cancel the disposition of imposing the penalty surcharge under the main sentence of Article 99 (4) of the Act, and then shall take a disposition of suspending operation under Article 98 (1) of the Act or collect it in the same manner as delinquent national taxes are collected.
- (3) Where the Minister of Health and Welfare cancels the disposition of imposing the penalty surcharge under the main sentence of Article 99 (4) of the Act and then takes a disposition of suspending operation under Article 98 (1) of the Act, he/she shall notify, in writing, the details thereof to the person subject to the disposition. In such cases, the written notice shall include matters necessary for the disposition of suspension of operation, such as the reason for changing the disposition and the period for the disposition of suspension of operation.

[This Article Newly Inserted by Presidential Decree No. 27508, Sep. 22, 2016]

### Article 71 | Amounts of Support, etc. from Penalty Surcharges

- (1) Amounts of support by usage of penalty surcharges under Article 99 (7) of the Act shall be as follows: <Amended by Presidential Decree No. 25429, Jun. 30, 2014; Presidential Decree No. 27508, Sep. 22, 2016>
  1. Support to the funds for costs of health care benefit paid by the NHIS under Article 47 (3) of the Act: One half of revenues of penalty surcharges;
  2. Support to the funds for emergency medical services under the Emergency Medical Service Act: One half of revenues of penalty surcharges.

- (2) The president of the NHIS and a person entrusted with the management and operation of the emergency medical service funds under Article 19 (2) of the Emergency Medical Service Act, shall submit to the Minister of Health and Welfare plans for operations of the penalty surcharges supported under paragraph (1) for the following year and the actual results of use during the preceding year by no later than April 30 each year.
- (3) The Minister of Health and Welfare shall determine the amount of support from penalty surcharges for the following year in view of the plans for operations of penalty surcharges and the actual results of use of the penalty surcharge which he/she has received under paragraph (2), and apply such amount to the budget under conditions as determined by national financial Acts.

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### **Article 72 | Matters of Publication**

"Matters prescribed by Presidential Decree" in the forepart of the part other than subparagraphs of Article 100 (1) of the Act means the matters falling under any of the following subparagraphs:

1. Kind of the relevant health care institution and license number and gender of the representative of such health care institution;
2. Name of the head of the relevant medical institution where the founder of which is a juristic person;
3. Other matters the Health Insurance Publication Deliberation Committee established under Article 100 (2) of the Act (hereinafter referred to as the "Publication Deliberation Committee") deems necessary for the distinction from other health care institutions.

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### **Article 73 | Composition, Operation, etc. of Publication Deliberation Committee**

- (1) The Publication Deliberation Committee shall consist of nine members, including one chairperson.
- (2) The chairperson of the Publication Deliberation Committee shall be elected from among members set forth in subparagraphs 1 through 4, and its members shall be appointed or commissioned by the Minister of Health and Welfare, from among persons in the following subparagraphs:
1. One person recommended by consumers' organizations;
  2. One journalist;
  3. One legal expert, such as a lawyer;
  4. Three persons recommended by organizations representing the medical and pharmaceutical industry, who have abundant knowledge and experience in health insurance;
  5. One public official in general service who belongs to the Senior Civil Service of the Ministry of Health and Welfare;
  6. Two persons, each of whom is recommended by the president of the NHIS and the president of the Review and Assessment Service, respectively.
- (3) The term of office of members of the Publication Deliberation Committee (excluding members in paragraph (2) 5) shall be two years.
- (4) The chairperson of the Publication Deliberation Committee shall represent the Publication Deliberation Committee, and shall manage overall affairs of the Publication Deliberation Committee.
- (5) When the chairperson of the Publication Deliberation Committee is unable to perform his/her duty due to any extenuating circumstance, the member designated by the chairperson shall perform

the duty on his/her behalf.

- (6) The Publication Deliberation Committee shall open its meetings with the attendance of a majority of all the incumbent members and shall pass resolutions with concurrent votes of a majority of the members present.
- (7) Matters necessary for the composition, operation, etc. of the Publication Deliberation Committee, other than those prescribed in paragraphs (1) through (6), shall be determined by the chairperson of the Publication Deliberation Committee after deliberation of the Publication Deliberation Committee.

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### **Article 73-2 | Discharge or Dismissal of Publication Deliberation Committee Members**

The Minister of Health and Welfare may discharge or dismiss a member of the Publication Deliberation Committee referred to in each subparagraph of Article 73 (2), if:

1. The member becomes unable to perform his/her duties due to any mental disorder;
2. The member commits misconduct in relation to his/her duties as a member;
3. The member is deemed unfit to serve as a member due to neglect of duties, injury to dignity, or any other reason;
4. The member voluntarily expresses his/her intention that it is impracticable to perform his/her duties.

[This Article Newly Inserted by Presidential Decree No. 26844, Dec. 31, 2015]

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### **Article 74 | Procedure for, Methods, etc. of Announcement**

- (1) The Minister of Health and Welfare shall provide the health care institution which has been notified that it is subject to announcement under Article 100 (3) of the Act with an opportunity to submit evidence or to present itself and state opinions within 20 days from the date it received the notification.
- (2) The Minister of Health and Welfare shall announce the matters of announcement under Article 100 (1) of the Act concerning the health care institutions selected as the objects of announcement under Article 100 (4) of the Act for six months on the website of the Ministry of Health and Welfare, the NHIS, the Review and Assessment Service, the competent Special Metropolitan City, Metropolitan City, Do, Special Self-Governing Province, and Si/Gun/autonomous Gu and the relevant health center, and may announce them additionally on a bulletin board, etc. of the relevant organizations.
- (3) Where the Minister of Health and Welfare deems that an additional publication is necessary for such reason as a health care institution selected as the object of announcement under Article 100 (4) of the Act makes fraudulent claims falling under the subparagraphs of Article 100 (1) of the Act repeatedly or its fraudulent claims constitute a serious violation, etc., he/she may announce them in a newspaper under the Act on the Promotion of Newspapers, Etc. or may broadcast them under the Broadcasting Act in addition to the announcement in paragraph (2).
- (4) When it is confirmed that the matters of announcement under Article 100 (1) of the Act are changed during the announcement period under paragraph (2) because of permission for change, report of change, etc. granted or filed under Article 33 (5) of the Medical Service Act, the Special Metropolitan City Mayor, Metropolitan City Mayor, Do governor, Special Self-Governing Province Governor, head of Si/Gun/Gu, or the head of public health clinic having jurisdiction over the

relevant health care institution shall immediately notify the Minister of Health and Welfare of such fact. In such cases, the Minister of Health and Welfare shall take necessary measures so that the matters of change shall be immediately applied to the details of announcement under paragraph (2).

- (5) Matters necessary for the procedure for and method of announcement, change in the matters of announcement, etc. other than those prescribed in paragraphs (1) through (4) shall be prescribed by the Minister of Health and Welfare.

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### **Article 74-2 | Criteria, etc. for Computing Amount Equivalent to Loss**

- (1) An amount equivalent to any loss (hereinafter referred to as "amount equivalent to the loss" in this Article) that the NHIS collects from a manufacturer, operator of a manufacture by entrustment and sale business, importer or distributor of drugs under the Pharmaceutical Affairs Act or from a manufacturer, importer, repairer, distributor or lessor of medical devices under the Medical Devices Act (hereinafter referred to as "manufacturer, etc.") pursuant to Article 101 (3) of the Act shall be the total costs of health care benefit unfairly borne by the insurer, the insured or his/her dependent due to any violation specified in subparagraphs 1 through 3 of Article 101 of the same Act.
- (2) Where a manufacturer, etc. commits at least two violations specified in Article 101 (1) 1 through 3 of the Act in relation to an identical medicine or material for medical treatment, the NHIS shall collect the largest amount, out of the amounts equivalent to the loss calculated for respective violations.
- (3) Where the NHIS intends to collect an amount equivalent to the loss pursuant to Article 101 (3) of the Act, it shall notify such fact to the relevant manufacturer, etc. of medicines and materials for medical treatment by a written notice that includes the following:
1. The details of, and legal basis for, the relevant violation;
  2. An amount to be collected, calculation details, etc.;
  3. Matters necessary for payment, such as the time limit, method and place of payment.

[This Article Newly Inserted by Presidential Decree No. 27433, Aug. 2, 2016]

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### **Article 75 | Standards, etc. for Payment of Rewards**

- (1) A person who intends to report a health care institution which is paid costs of health care benefit by deceit or other unjust means shall file a report thereon to the NHIS under Article 104 (1) of the Act as determined by the NHIS. In such cases, where at least two persons file a report jointly, they shall designate a representative.
- (2) Upon receiving the report under paragraph (1), the NHIS shall, after confirming the reported matter, determine whether to pay a reward and notify the result thereof to the reporter (referring to the representative referred to in the latter part of paragraph (1), where the report is filed by at least two persons jointly; hereafter the same shall apply in this Article).
- (3) The reporter who is notified of the decision to pay a reward under paragraph (2) shall apply for the payment of the reward to the NHIS, as determined by the NHIS.
- (4) The NHIS shall pay the reporter a reward in accordance with the standards for payment of rewards stipulated in the attached Table 6 within one month from the date on which the application for payment of the reward is received under paragraph (3).

- (5) No reward shall be paid to a person who makes a report, the details of which is the same with those already reported under paragraph (1).
- (6) Matters necessary for the standards for payment of rewards, method thereof, procedure therefor, other than those prescribed in paragraphs (1) through (5), shall be determined by the NHIS.

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### **Article 75-2 | Payment of Incentives, etc.**

- (1) The NHIS shall pay incentives under Article 104 (2) of the Act to a health care institution that has contributed to reducing the financial expenditure of the national health insurance in any of the following manners: <Amended by Presidential Decree No. 25583, Aug. 29, 2014>
1. Prescribing or preparing medicines of which costs of health care benefit are relatively low, among the medicines that can be used alternatively because their components or efficacy is the same;
  2. Prescribing or preparing medicines the prices of which are low compared with other medicines and the efficacy of which is replaceable for that of other medicines due to the characteristics of the medicines, among medicines designated and publicly notified as shortage prevention drugs referred to in Article 70-2 (1) 1;
  3. Purchasing medicines at a price lower than the upper price limit during a period prescribed and publicly notified by the Minister of Health and Welfare, or reducing the amount of use compared with the previous year.
- (2) The amount of incentives shall not exceed 70% of the amount reduced from the financial expenditure of the national health insurance by the prescription and preparation referred to in paragraph (1).
- (3) A health care institution that intends to receive incentives under paragraph (1) 1 or 2 shall request the payment of the incentives simultaneously with the filing of a request for the review of health care benefit with the Review and Assessment Service under Article 47 (2) of the Act. <Newly Inserted by Presidential Decree No. 25583, Aug. 29, 2014>
- (4) The amount of incentives payable under paragraph (1) 3 shall be calculated by the Review and Assessment Service and notified to the NHIS after obtaining approval from the Minister of Health and Welfare. <Newly Inserted by Presidential Decree No. 25583, Aug. 29, 2014>
- (5) Matters necessary for the criteria, method, procedures for payment of an incentive, other than those provided for in paragraphs (1) through (4), and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended by Presidential Decree No. 25583, Aug. 29, 2014>

[This Article Newly Inserted by Presidential Decree No. 24776, Sep. 26, 2013]

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### **Article 76 | Restrictions on Eligibility Acquisition as Insured or Dependents by Foreigners, etc.**

"Any ground prescribed by Presidential Decree" referred to in Article 109 (5) 1 of the Act means any of the following:

1. Where the relevant person resides in Korea without obtaining permission to extend the period of sojourn under Article 25 of the Immigration Act or Article 10 (2) of the Act on the Immigration and Legal Status of Overseas Koreans;

2. Where the relevant person receives a written order of deportation pursuant to Article 59 (3) of the Immigration Act.

[This Article Wholly Amended by Presidential Decree No. 27508, Sep. 22, 2016]

## **Article 76-2 | Timing, etc. Eligibility Acquisition as Insured for Foreigners, etc.**

- (1) An overseas Korean national or a foreigner residing in the Republic of Korea (hereinafter referred to as "foreigner, etc. residing in Korea") shall become eligible as the self-employed insured on any of the following dates, whichever is relevant, pursuant to the proviso to Article 109 (6) of the Act:
1. Where the relevant person falls under Article 109 (3) 2 of the Act and resides in Korea during the period referred to in subparagraph 1 of the same paragraph: The date the period expires;
  2. Where the relevant person falls under Article 109 (3) 2 of the Act and constitutes the grounds on which he/she is expected to reside in Korea continuously pursuant to subparagraph 1 of the same paragraph: The date the person enters Korea;
  3. Other cases where the Minister of Health and Welfare deems it necessary to determine the time to acquire the entitlement as the insured for foreigners, etc. differently from that for Korean nationals residing in Korea in consideration of the status, period, circumstances, etc. of sojourn, and publicly notifies such time: The date prescribed in the relevant notice.
- (2) A foreigner, etc. residing in Korea shall lose the eligibility as the insured on the relevant date specified in Article 10 (1) 1, 4, or 5 of the Act, pursuant to Article 10 of the Act which is applicable mutatis mutandis under the main sentence of Article 109 (6) of the Act: Provided, That a foreigner, etc. residing in Korea shall also lose the eligibility on any of the following dates, whichever is relevant, pursuant to the proviso to Article 109 (6) of the Act:
1. The employee insured: Any of the following dates:
    - (a) The date following the date the period of sojourn expires under Article 10 (2) of the Immigration Act or Article 10 (1) of the Act on the Immigration and Legal Status of Overseas Koreans;
    - (b) The date following the date a written order of deportation is issued under Article 59 (3) of the Immigration Act;
    - (c) The date the employer requests the exclusion of the relevant person from the employee insured pursuant to Article 109 (5) 2 of the Act; Provided, That where such request is made within 14 days from the date a report on eligibility acquisition as the employee insured is made under Article 8 (2) of the Act, the relevant person shall lose the eligibility on the date of eligibility acquisition;
    - (d) Other cases where the Minister of Health and Welfare deems it necessary to determine the time to lose the entitlement as the insured for foreigners, etc. differently from that for Korean nationals residing in Korea in consideration of the status, period, circumstances, etc. of sojourn, and publicly notifies such time: The date prescribed in the relevant notice;
  2. The self-employed insured: Any of the following dates:
    - (a) The date referred to in subparagraph 1 (a) or (b);
    - (b) Where one month has elapsed since an overseas Korean national or a foreigner whose period of sojourn has not expired departed from Korea: The date following the date of departure;
    - (c) Where the relevant person fails to pay insurance contributions by the end of the month in

which the due date for the payment thereof under Article 109 (8) of the Act falls: The first day of the month following the month in which the due date for the payment falls;

- (d) Other cases where the Minister of Health and Welfare deems it necessary to determine the time to lose the eligibility as the insured for foreigners, etc. differently from that for Korean nationals residing in Korea in consideration of the status, period, circumstances, etc. of sojourn, and publicly notifies such time: The date prescribed in the relevant notice;

[This Article Newly Inserted by Presidential Decree No. 27508, Sep. 22, 2016]

### **Article 76-3 | Time, etc. to Acquire Eligibility as Dependents for Foreigners, etc.**

- (1) A foreigner, etc. residing in Korea shall acquire the eligibility as a dependent on any of the following dates, whichever is relevant, pursuant to the proviso to Article 109 (6) of the Act:
1. Where the relevant person is a newborn baby: The date he/she was born;
  2. Where the relevant person files an application for the eligibility acquisition as a dependent within 90 days from the date of resident registration, reporting on his/her place of residence in Korea or alien registration under any subparagraph of Article 109 (2) of the Act (hereinafter referred to as "resident registration, etc." in this Article): The date he/she makes the relevant resident registration, etc.: Provided, That where the person becomes the employee insured after the resident registration, etc., he/she shall acquire the eligibility on the date he/she becomes the employee insured;
  3. Where the relevant person files an application for the eligibility acquisition as a dependent 90 days after the date of resident registration, etc.: The date he/she files an application for the eligibility acquisition: Provided, That where the person becomes the employee insured after the resident registration, etc. and files such application within 90 days from the date he/she becomes the employee insured, he/she shall acquire the eligibility on the date he/she becomes the employee insured;
  4. Other cases where the Minister of Health and Welfare deems it necessary to determine the time to acquire the eligibility as dependents for foreigners, etc. differently from that for Korean nationals residing in Korea in consideration of the status, period, circumstances, etc. of sojourn, and publicly notifies such time: The date prescribed in the relevant notice.
- (2) A foreigner, etc. residing in Korea shall lose the eligibility as a dependent on the date specified in Article 5 (3) of the Act (limited to where he/she is deceased; where his/her supporter loses the eligibility as the employee insured; or where he/she receives medical benefits), pursuant to Article 5 of the Act which is applicable mutatis mutandis under the main sentence of Article 109 (6) of the Act: Provided, That the relevant person shall also lose the eligibility as a dependent on any of the following dates pursuant to the proviso to Article 109 (6) of the Act:
1. The date following the date the period of sojourn expires under Article 10 (2) of the Immigration Act or Article 10 (1) of the Act on the Immigration and Legal Status of Overseas Koreans;
  2. The date following the date a written order of deportation is issued under Article 59 (3) of the Immigration Act;
  3. Other cases where the Minister of Health and Welfare deems it necessary to determine the time to lose the eligibility as dependents for foreigners, etc. differently from that for Korean nationals residing in Korea in consideration of the status, period, circumstances, etc. of sojourn, and

publicly notifies such time: The date prescribed in the relevant notice.

[This Article Newly Inserted by Presidential Decree No. 27508, Sep. 22, 2016]

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#### **Article 76-4 | Foreigners subject to Special Cases on Imposition and Collection of Insurance Contributions**

"Foreigners, etc. residing in Korea prescribed by Presidential Decree" under the proviso to Article 109 (9) of the Act means persons who are not granted any of the following statuses of sojourn:

1. The status of sojourn granted for cohabitation through visit under subparagraph 26, residency under subparagraph 27, permanent residency under subparagraph 28-3, or immigration through marriage under subparagraph 28-4 of attached Table 1 of the Enforcement Decree of the Immigration Act;
2. Any other status of sojourn recognized and publicly notified by the Minister of Health and Welfare because he/she deems it necessary to apply the same standards for imposing and collecting insurance contributions to such foreigners, etc. as those for Korean nationals residing in Korea, in consideration of the status, period, circumstances, etc. of sojourn.

[This Article Newly Inserted by Presidential Decree No. 27508, Sep. 22, 2016]

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#### **Article 77 | Applicable Period for Voluntarily Continuous Insured Persons**

"Period prescribed by Presidential Decree" in the main sentence of Article 110 (2) of the Act is a period of up to 24 months reckoned from the day following the date on which employment relationship comes to an end. <Amended by Presidential Decree No. 24520, May 3, 2013; Presidential Decree No. 24776, Sep. 26, 2013>

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#### **Article 78 | Entrustment of Service**

Where the NHIS intends to entrust service under each subparagraph of Article 112 (1) of the Act to postal service agencies, financial institutions, or other persons pursuant to Article 112 (1) of the Act, it shall obtain a resolution by the board of directors of the NHIS with respect to the selection of agencies to be entrusted and the details of entrustment contract.

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#### **Article 79 | Allocation, etc. of Insurance Contributions and Insurance Contributions, etc. Entrusted with Collection**

Where the NHIS collects insurance contributions and insurance contributions entrusted with collection through one integrated written notification for payment upon request from a person liable for payment (excluding where the NHIS collects such contributions by the means of delinquent dispositions according to Article 81 of the Act and applicable law to entrustment with collection), if the amount of insurance contributions collected, and subsequent fees or insurance contributions entrusted to the NHIS for collection is smaller than the amount the NHIS has to collect, it shall collect the payment in installments in the proportion of the amount by insurance (referring to the amount excluding arrears and additional charges under the Act and applicable law to the entrustment with collection) that the NHIS intends to collect pursuant to the main sentence of Article 113 (1) of the Act, unless the person liable for payment states otherwise by the payment date.



## Article 80 | Management of Contributions

The NHIS shall keep and manage separate accounts for contributions received from each respective Fund under Article 93-4 (1) of the Act.

## Article 81 | Dealing with Sensitive Information and Personally Identifiable Information

(1) Where it is inevitable to perform the following affairs, the NHIS (including those entrusted with the services of the NHIS under Article 112 of the Act) may deal with information on health under Article 23 of the Personal Information Protection Act, information falling under criminal records under subparagraph 2 of Article 18 of the Enforcement Decree of the same Act, and data containing resident registration numbers, passport numbers, driver's license numbers, or alien registration numbers under the subparagraphs of Article 19 of the same Decree: <Amended by Presidential Decree No. 24776, Sep. 26, 2013; Presidential Decree No. 25760, Nov. 20, 2014>

1. Affairs related to reporting on a workplace under Article 7 of the Act;
2. Affairs related to the services set forth in Article 14 (1) of the Act;
3. Affairs related to the payment of costs of health care benefit to soldiers, etc. in active service under Article 60 of the Act;
4. Affairs related to the settlement of costs of health care benefit under Article 61 of the Act;
- 4-2. Affairs related to the provision of data under Article 81-2 of the Act;
5. Affairs related to the disclosure of personal information, etc. of persons in arrear under Article 83 of the Act;
6. Affairs related to filing of objections and administrative proceedings under Articles 87 and 90 of the Act;
7. Affairs related to reporting, etc. under Article 94 of the Act;
8. Affairs related to forwarding of data on the reduction or omission of incomes under Article 95 of the Act;
- 8-2. Affairs related to a request for provision of data under Article 96 of the Act;
9. Affairs related to the payment of rewards under Article 104 of the Act;
10. Affairs related to the entrustment of services under Article 112 of the Act.

(2) Where performing the following affairs is inevitable, the Review and Assessment Service may deal with information on health under Article 23 of the Personal Information Protection Act and data containing resident registration numbers, passport numbers, driver's license numbers, or alien registration numbers under the subparagraphs of Article 19 of the Enforcement Decree of the same Act: <Amended by Presidential Decree No. 24776, Sep. 26, 2013; Presidential Decree No. 25760, Nov. 20, 2014>

1. Affairs related to the verification of entitlement to health care benefit, etc. under Article 48 of the Act;
2. Affairs related to the services set forth in Article 63 (1) of the Act;
3. Affairs related to filing of objections and administrative litigations under Articles 87 and 90 of the Act;
4. Affairs related to a request for provision of data under Article 96 of the Act.

(3) Where performing the following affairs is inevitable, the Minister of Health and Welfare (including those delegated or entrusted with the authority of the Minister of Health and Welfare under Article 111 of the Act) may deal with information referred to in paragraph (1):

1. Affairs related to approval for disposition on default under Article 81 (3) of the Act;
2. Affairs related to a request for a trial under Article 88 of the Act;
3. Affairs related to reports and inspections, etc. under Article 97 of the Act;
4. Affairs related to the disposition of suspension of operation under Article 98 of the Act;
5. Affairs related to the imposition and collection of penalty surcharges under Article 99 of the Act;
6. Affairs related to the publication of the fact of violation.

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### **Article 81-2 | Re-Examination of Regulations**

The Minister of Health and Welfare shall examine the feasibility of the attached Table 4-2 every five years (referring to a date which is the same as the base date of the year that comes every five years) from July 2, 2014, and shall take measures, such as modifications.

[This Article Newly Inserted by Presidential Decree No. 25429, Jun. 30, 2014]

## **CHAPTER IX PENALTY PROVISIONS**

### **Article 82 | Standards for Imposition of Administrative Fines**

Standards for imposition of administrative fines under Article 119 of the Act shall be as listed in attached Table 7.

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## **ADDENDA**

### **Article 1 | Enforcement Date**

This Decree shall enter into force on September 1, 2012: Provided, That the part concerning general hospitals and tertiary general hospitals in the amended provisions of Article 21 (3) 2 shall enter into force on July 1, 2013.

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### **Article 2 | General Transitional Measures**

In calculating insurance benefit, such as costs of health care benefit (including amount borne by principals and the NHIS) and health care benefit, and monthly insurance contributions provided before this Decree enters into force shall be governed by the former provisions.

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### **Article 3 | Transitional Measures concerning Deliberation and Resolution on Points of Relative Values on Health Care Benefit**

From among the points of relative value on health care benefit and costs of medicines and materials for medical treatment which have been publicly notified after undergoing the deliberation by the Review and Assessment Committee under former provisions as of January 1, 2007, the day on which partially amended Enforcement Decree of the National Health Insurance Act (Presidential Decree No. 19818) entered into force, matters which have not been amended until the enforcement date of this Decree shall be deemed to have undergone deliberation and resolution by the Review and Assessment Committee under the amended provisions of Articles 21 (2) and 22.

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### **Article 4 | Transitional Measures concerning Restriction on Insurance Benefits of Defaulters of Insurance Contributions**

Where a person obligated to pay insurance contributions had received from the NHIS a disposition of restriction on insurance benefits under former Article 27 for reason of failure to pay insurance contributions for not less than three times but less than six times before September 29, 2008, the date on which partially amended Enforcement Decree of the National Health Insurance Act (Presidential Decree No. 20986) entered into force, such disposition of restriction shall be deemed revoked on September 29, 2008: Provided, That the restriction on insurance benefits imposed by such disposition of restriction for period until September 29, 2008, shall remain effective.

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### **Article 5 | Transitional Measures concerning Areas Subject to Reduction of Insurance Contributions**

The areas subject to the reduction of insurance contributions under subparagraph 3 of Article 32 of the former Enforcement Decree of the National Health Insurance Act (referring to the same Enforcement Decree before it was amended by Presidential Decree No. 20190) as of July 1, 2007, shall be deemed areas subject to reduction of insurance contributions which are recognized by the Minister of Health and Welfare under the amended provisions of subparagraph 3 of Article 45.

### **Article 6 | Special Cases concerning Provision of Medical Treatment by Hospitalization for Diagnosis Related Group Subject to Comprehensive Medical Treatment**

General hospitals and tertiary general hospitals may provide medical treatment by hospitalization for diagnosis-related group which is subject to comprehensive medical treatment under subparagraph 2 of the attached Table 2 of the former Enforcement Decree of the National Health Insurance Act (referring to the same Enforcement Decree before it was amended by Presidential Decree No. 23851) until June 30, 2013.

### **Article 7 | Transitional Measures concerning Recognition of Persons Subject to Reduction of Co-Payment**

Those who had been receiving medical aid under subparagraphs 3 and 3-2 of Article 2 of the former Enforcement Decree of the Medical Care Assistance Act (referring to the same Act before it was amended by Presidential Decree No. 21313) as of April 1, 2009, the date on which the partially amended Enforcement Decree of the National Health Insurance Act (Presidential Decree No. 21314) entered into force shall be deemed recognized by the NHIS as those subject to the reduction of shares borne by principals under the amended provisions of subparagraph 3 (d) of attached Table 2.

### **Article 8 | Omitted.**

### **Article 9 | Relationship with other Statutes**

Where a statute cites the former provisions of the Enforcement Decree of the National Health Insurance Act at the time this Decree enters into force, it shall be deemed to have cited the relevant provisions of this Decree in lieu of the former provisions, if provisions corresponding thereto exist in this Decree.

## **ADDENDA <Presidential Decree No. 24128, Sep. 28, 2012>**

### **Article 1 | Enforcement Date**

This Decree shall enter into force on October 1, 2012.

### **Article 2 | Applicability**

The amended provisions of subparagraph 1 (a) (i) of attached Table 2 shall apply to the health care benefit for dental treatment for disabled persons furnished on or after the date this Decree enters into force.

**ADDENDUM** <Presidential Decree No. 24247, Dec. 21, 2012>**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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**Articles 2 and 3 | Omitted.****ADDENDUM** <Presidential Decree No. 24261, Dec. 27, 2012>

This Decree shall enter into force on January 1, 2013.

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**ADDENDUM** <Presidential Decree No. 24341, Jan. 28, 2013>

This Decree shall enter into force on the date of its promulgation.

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**ADDENDA** <Presidential Decree No. 24454, Mar. 23, 2013>**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation. (Proviso Omitted.)

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**Articles 2 through 4 | Omitted.****ADDENDA** <Presidential Decree No. 24520, May 3, 2013>**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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**Article 2 | Applicability to Applicable Period for Voluntarily Continuous Insured Persons**

The amended provisions of Article 77 shall also apply to persons who are voluntarily continuous insured persons as at the time this Decree enters into force.

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**ADDENDA** <Presidential Decree No. 24588, Jun. 11, 2013>**Article 1 | Enforcement Date**

This Decree shall enter into force on July 1, 2013.

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**Article 2 | Applicability to Percentage of Costs of Health Care Benefit to be Borne by The Insured for Dentures**

The amended provisions of subparagraphs 3 (d) (iii) and (iv), and 3 (f) shall apply to the health care benefit provided on or after the date this Decree enters into force.

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**ADDENDA** <Presidential Decree No. 24776, Sep. 26, 2013>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation: Provided, That the amended provisions of subparagraph 1 (a) (i) of attached Table 2 and subparagraph 3 (d) of the same Table shall enter into force on October 1, 2013; the amended provisions of Articles 47, 47-2, and 75-2 on November 23, 2013; and the amended provisions of Articles 43 and 44 on January 1, 2014, respectively.

---

**Article 2 | Applicability to Percentage of Costs of Health Care Benefit to be Borne by Principals**

The amended provisions of subparagraph 1 (a) (i) of attached Table 2 and subparagraph 3 (d) of the same Table shall apply to the health care benefit that comes into effect on and after October 1, 2013.

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**ADDENDA** <Presidential Decree No. 25015, Dec. 18, 2013>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation: Provided, That the amended provisions of attached Table 3 shall enter into force on January 1, 2014.

---

**Article 2 | Applicability to Amounts to be Borne by Principal out of Costs of Health Care Benefit**

The amended provisions of subparagraph 4 of attached Table 2 shall apply with the first health care benefit provided after this Decree enters into force.

---

**Article 3 | Special Cases, etc. concerning Co-Payment Ceiling**

(1) Notwithstanding the amended provisions of subparagraph 2 of attached Table 3, the upper limit co-payment by each insurance contribution based on upper limit amount classified in the following shall be applied from January 1, 2014 to December 31, 2014:

## 1. In cases of the self-employed insured

	Classification	Co-Payment Ceiling
(a)	Where the insurance contributions based on upper limit amount is equivalent to that of 10/100 of the low-level of all the self-employed insured, and does not exceed the amount determined and publicly notified by the Minister of Health and Welfare	1,200,000 won
(b)	Where the insurance contributions based on upper limit amount is equivalent to 10/100 of the low-level of all the self-employed insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 30/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	1,500,000 won
(c)	Where the insurance contributions based on upper limit amount is equivalent to 30/100 of the low-level of all the self-employed insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 50/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	2,000,000 won
(d)	Where the insurance contributions based on upper limit amount is equivalent to 50/100 of the low-level of all the self-employed insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 70/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	2,500,000 won
(e)	Where the insurance contributions based on upper limit amount is equivalent to 70/100 of the low-level of all the self-employed insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 80/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	3,000,000 won
(f)	Where the insurance contributions based on upper limit amount is equivalent to 80/100 of the low-level of all the self-employed insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 90/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	4,000,000 won
(g)	Where the insurance contributions based on upper limit amount is equivalent to 90/100 of the low-level of all the self-employed insured, exceeding the amount determined and publicly notified by the Minister of Health and Welfare	5,000,000 won

## 2. In cases of the employee insured or his/her dependents

	Classification	Co-Payment Ceiling
(a)	Where the insurance contributions based on upper limit amount is equivalent to 10/100 of the low-level of all the employee insured, not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	1,200,000 won
(b)	Where the insurance contributions based on upper limit amount is equivalent to 10/100 of the low-level of all the employee insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 30/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	1,500,000 won
(c)	Where the insurance contributions based on upper limit amount is equivalent to 30/100 of the low-level of all the employee insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 50/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	2,000,000 won
(d)	Where the insurance contributions based on upper limit amount is equivalent to 50/100 of the low-level of all the employee insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 70/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	2,500,000 won
(e)	Where the insurance contributions based on upper limit amount is equivalent to 70/100 of the low-level of all the employee insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 80/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	3,000,000 won
(f)	Where the insurance contributions based on upper limit amount is equivalent to 80/100 of the low-level of all the employee insured exceeding the amount determined and publicly notified by the Minister of Health and Welfare, and is equivalent to 90/100 of the low-level not exceeding the amount determined and publicly notified by the Minister of Health and Welfare	4,000,000 won
(g)	Where the insurance contributions based on upper limit amount is equivalent to 90/100 of the low-level of all the employee insured, exceeding the amount determined and publicly notified by the Minister of Health and Welfare	5,000,000 won

(2) Paragraph (1) shall apply with the first health care benefit provided on or after January 1, 2014.



**ADDENDA <Presidential Decree No. 25044, Dec. 30, 2013>****Article 1 | Enforcement Date**

This Decree shall enter into force on January 1, 2014.

---

**Article 2 | Applicability**

The amended provisions of attached Table 4 shall apply with the calculation of insurance contributions for January 2014.

---

**ADDENDA <Presidential Decree No. 25429, Jun. 30, 2014>****Article 1 | Enforcement Date**

This Decree shall enter into force on July 2, 2014: Provided, That the amended provisions of Article 19 (2) and subparagraph 3 of attached Table 2 shall enter into force on July 1, 2014.

---

**Article 2 | Applicability to Suspension and Exclusion of Medicines from Health Care Benefit and Criteria for Imposition of Penalty Surcharges**

The amended provisions of Article 18-2 and attached Table 4-2 shall apply with the first violation of Article 47 (2) of the Pharmaceutical Affairs Act committed after this Decree enters into force.

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**Article 3 | Applicability to Amount of Co-Payment for Artificial Dental Implants**

The amended provisions of Article 19-2 and subparagraph 3 (d) (v) and (vi) and (g) of attached Table 2 shall apply with the first health care benefit provided on or after July 1, 2014.

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**Article 4 | Transitional Measures concerning Chairperson of Dispute Mediation Committee**

The chairperson of the Dispute Mediation Committee appointed under the former Article 62 (1) as at the time this Decree enters into force shall be deemed appointed under this Decree until the chairperson is appointed under the amended provisions of Article 62 (1).

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**ADDENDA <Presidential Decree No. 25583, Aug. 29, 2014>****Article 1 | Enforcement Date**

This Decree shall enter into force on September 1, 2014: Provided, That the amended provisions of Article 46-2 shall enter into force on September 25, 2014.

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**Article 2 | Applicability to Payment of Incentives**

The amended provisions of Article 75-2 shall apply to health care benefit provided after this Decree enters into force.

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**Article 3 | Applicability to Calculation of Expenses to be Borne by Principal**

The amended provisions of attached Table 2 shall also apply to cases where expenses to be borne by the principal for the health care benefit provided after this Decree enters into force are calculated for a person who has been receiving medical treatment by hospitalization as at the time this Decree enters into force.

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**Article 4 | Applicability to Payment of Monetary Rewards**

The amended provisions of attached Table 6 shall apply to a person who files a report after this Decree enters into force on that a health care institution has received insurance benefit costs by deceit or any other wrongful means.

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**Article 5 | Applicability to Calculation of Costs of Health Care Benefit**

Notwithstanding the amended provisions of the latter part of Article 19 (1) and Article 22 (1) 2 and 3, the calculation of costs of health care benefit done before this Decree enters into force shall be governed by the former provisions.

---

**ADDENDA <Presidential Decree No. 25751, Nov. 19, 2014>****Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation: Provided, That the amended parts of the Presidential Decrees which were promulgated before this Decree enters into force, but the enforcement dates of which have not arrived yet among the Presidential Decrees amended pursuant to Article 5 of the Addenda, shall respectively enter into force on the enforcement dates of such Presidential Decrees.

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**Articles 2 through 5 | Omitted.****ADDENDUM <Presidential Decree No. 25760, Nov. 20, 2014>**

This Decree shall enter into force on November 21, 2014: Provided, That the amended provisions of Article 44 shall enter into force on January 1, 2015, and the amended provisions of Article 76 (1) and (2) 3 (a) shall enter into force on January 22, 2015, respectively.

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**ADDENDA <Presidential Decree No. 26302, Jun. 1, 2015>**

**Article 1 | Enforcement Date**

This Decree shall enter into force on June 4, 2015.

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**Articles 2 and 3 | Omitted.****ADDENDA <Presidential Decree No. 26367, Jun. 30, 2015>****Article 1 | Enforcement Date**

This Decree shall enter into force on July 1, 2015: Provided, That the amended provisions of Article 21 (3) 3 shall enter into force on July 15, 2015, and the amended provisions of Article 76 (2) 2 on October 1, 2015.

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**Article 2 | Applicability to Palliative Care Received by Hospitalization**

The amended provisions of Article 21 (3) 3 shall apply to the health care benefit provided on or after July 15, 2015.

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**Article 3 | Applicability to Percentage of Costs of Health Care Benefit to be Borne by The Insured**

The amended provisions of attached Table 2 shall apply to the health care benefit provided on or after July 1, 2015.

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**Article 4 | Transitional Measures concerning the Insured who are Foreigners, etc.**

Notwithstanding the amended provisions of Article 76 (2) 2, those who have entered the Republic of Korea before this Decree enters into force shall be governed by the former provisions.

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**ADDENDA <Presidential Decree No. 26651, Nov. 18, 2015>****Article 1 | Enforcement Date**

This Decree shall enter into force on November 19, 2015.

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**Articles 2 and 3 | Omitted.****ADDENDA <Presidential Decree No. 26743, Dec. 22, 2015>****Article 1 | Enforcement Date**

This Decree shall enter into force on January 1, 2016: Provided, That the amended provisions of subparagraph 5 of attached Table 2 shall enter into force on July 1, 2016.

---

### **Article 2 | Applicability to Raising Co-payment Rate for Costs of Health Care Benefit**

The amended provisions of subparagraph 3 (d) (vii) of attached Table 2 shall apply from a medicine which is prepared based on a prescription issued after January 1, 2016.

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### **Article 3 | Applicability to Raising Percentage of Hospitalization Expenses for Long-Term Inpatient to be Borne by Principal**

The amended provisions of subparagraph 5 of attached Table 2 shall apply from a patient who is hospitalized after the enforcement date under the proviso to Article 1 of the Addenda.

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### **ADDENDUM <Presidential Decree No. 26844, Dec. 31, 2015>**

This Decree shall enter into force on the date of its promulgation.

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### **ADDENDA <Presidential Decree No. 27296, Jun. 30, 2016>**

#### **Article 1 | Enforcement Date**

This Decree shall enter into force on July 1, 2016.

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#### **Article 2 | Applicability to Medical Expenses for Pregnancy and Delivery**

The amended provisions of Article 23 (3) and (6) shall apply from the medical expenses for pregnancy and delivery for which an application is filed with the NHIS after July 1, 2016.

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#### **Article 3 | Applicability to Co-Payment Rate for Costs of Health Care Benefit**

The amended provisions of subparagraph 1 (a) (i), subparagraph 3 (a) (iii), subparagraph 3 (d) (iii) through (vi), subparagraph 3 (d) (viii), and subparagraph 3 (f) through (h) of attached Table 2 shall apply from the health care benefit provided after July 1, 2016.

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### **ADDENDA <Presidential Decree No. 27433, Aug. 2, 2016>**

#### **Article 1 | Enforcement Date**

This Decree shall enter into force on August 4, 2016.

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#### **Article 2 | Omitted.**

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### **ADDENDA <Presidential Decree No. 27508, Sep. 22, 2016>**

#### **Article 1 | Enforcement Date**

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This Decree shall enter into force on September 23, 2016.

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### **Article 2 | Applicability to Disposition for Persons Failing to Pay Penalty Surcharges**

The amended provisions of Article 70-4 shall also apply to persons who have received a letter of overdue notice before this Decree enters into force but fail to pay penalty surcharges by the due date for the payment thereof.

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### **Article 3 | Applicability to Co-Payment Rate for Costs of Health Care Benefit**

The amended provisions of subparagraph 1 (a) (i) of attached Table 2, subparagraph 4 in the remarks column of the table under subparagraph 3 (d) (ii) of the same Table, and subparagraph 3 (d) (viii) of the same Table shall apply, starting from the health care benefit provided after this Decree enters into force.

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### **Article 4 | Transitional Measures concerning Standards for Imposition of Administrative Fines**

Where a person, subjected to a disposition of administrative fines for a violation committed before this Decree enters into force, commits an identical violation for the first time after this Decree enters into force, such identical violation shall be construed as a violation committed first, for the purposes of applying the amended provisions of subparagraph 2 (a), (c), (e), and (g) of attached Table 7.

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## **ADDENDA <Presidential Decree No. 27616, Nov. 29, 2016>**

### **Article 1 | Enforcement Date**

This Decree shall enter into force on December 2, 2016.

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### **Articles 2 and 3 | Omitted.**

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## **ADDENDA <Presidential Decree No. 27621, Nov. 29, 2016>**

### **Article 1 | Enforcement Date**

This Decree shall enter into force on November 30, 2016.

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### **Articles 2 and 3 | Omitted.**

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## **ADDENDA <Presidential Decree No. 27734, Dec. 30, 2016>**

### **Article 1 | Enforcement Date**

This Decree shall enter into force on January 1, 2017.

Articles 2 and 3 | Omitted.

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**ADDENDA** <Presidential Decree No. 27853, Feb. 7, 2017>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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**Article 2 | Applicability to Percentage of Costs of Health Care Benefit to be Borne by Principals**

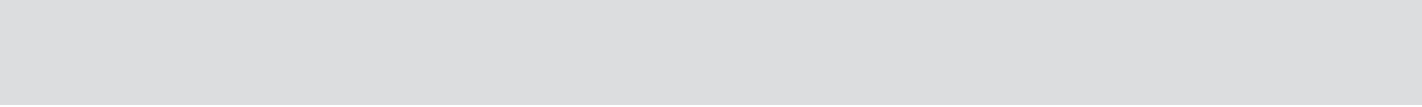
The amended provisions of subparagraph 1 (b) of attached Table 2 shall begin to apply to the health care benefit that comes into effect on and after January 1, 2017.

# ACT ON LONG-TERM CARE INSURANCE FOR OLDER PERSONS

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# ACT ON LONG-TERM CARE INSURANCE FOR OLDER PERSONS

*Act No. 8403, Apr. 27, 2007*

*Amended by Act No. 9386, Jan. 30, 2009*

*Act No. 9510, Mar. 18, 2009*

*Act No. 9693, May 21, 2009*

*Act No. 9932, Jan. 18, 2010*

*Act No. 10127, Mar. 17, 2010*

*Act No. 10785, Jun. 7, 2011*

*Act No. 11141, Dec. 31, 2011*

*Act No. 12067, Aug. 13, 2013*

*Act No. 13647, Dec. 29, 2015*

*Act No. 14215, May 29, 2016*

*Act No. 14321, Dec. 2, 2016*

## CHAPTER I GENERAL PROVISIONS

### Article 1 | Purpose

The purpose of this Act is to pursue the improvement of health of older persons and the stabilization of their livelihood during post-retirement life, relieve family members from the burden of supporting them, and enhance the quality of life of citizens by providing for matters concerning long-term care benefits, such as aid provided for physical activities and household chores to older persons who have difficulties in carrying on with daily life on their own due to old age or senile diseases.

### Article 2 | Definitions

The terms used in this Act shall be defined as follows:

1. The term "older persons" means an elderly person who is not less than 65 years of age or a person who is less than 65 years of age and suffers from a geriatric disease specified by Presidential Decree, such as Alzheimer's disease or a cerebrovascular disease;
2. The term "long-term care benefits" means services, such as aid in physical activities and household chores or nursing, or money, etc. paid instead of such services provided to a person who is determined to have difficulties in carrying on with daily life on his/her own for six months or longer, pursuant to Article 15 (2);
3. The term "long-term care program" means a program of providing long-term care benefits to older persons with financial resources, such as, long-term care insurance contribution, contributions, etc. from the State and local governments;
4. The term "long-term care institution" means an institution designated pursuant to Article 31 or a long-term care institution for home care that is entitled to deemed designated under Article 32 and that provides long-term care benefits;
5. The term "long-term care worker" means a person who works for a long-term care institution to provide aid, etc. for physical activities or household chores of older persons.

### Article 3 | Fundamental Principles for Providing Long-Term Care Benefits

- (1) Long-term care benefits shall be provided appropriately within the extent necessary for older persons, comprehensively taking into consideration mental and physical conditions, the living environment of each older person, and needs and choices of each older person and his/her family members.
- (2) Benefit for home care service, which are long-term care benefits provided at home while an older person continues his/her living with his/her family members, shall be provided preferentially among other long-term care benefits.
- (3) Long-term care benefits shall be provided along with medical service to prevent older persons' mental and physical conditions and health from deterioration.

---

### Article 4 | Responsibilities, etc. of State and Local Governments

- (1) The State and each local government shall provide services necessary for older persons to maintain good mental and physical conditions (hereinafter referred as "services for prevention of geriatric disease") so that they can carry on with daily life on their own.
- (2) The State may subsidize expenses incurred by each local government or the National Health Insurance Service under the National Health Insurance Act (hereinafter referred to as the "NHIS") in providing services for prevention of geriatric diseases.
- (3) The State and each local government shall increase the number of long-term care institutions and support the establishment of long-term care institutions to secure a sufficient number of long-term care institutions so as to smoothly provide long-term care benefits, taking into consideration the population of older persons, local characteristics, etc.
- (4) The State and each local government may provide the NHIS with assistance in administrative or financial affairs so that long-term care benefits can be smoothly provided.
- (5) The State and each local government shall fully endeavor to give better treatment to long-term care workers and improve their welfare and status. <Newly Inserted by Act No. 14215, May 29, 2016>

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### Article 5 | Direction of State's Policy on Long-Term Care Benefits

The State shall, when it establishes and implements a master plan for long-term care pursuant to Article 6, endeavor to provide not only older persons but also all citizens who suffer hardship in carrying on with daily life on their own, including the disabled, etc., with long-term care benefits and services of aiding physical activities and furthermore shall take measures to assist them in stabilizing their living and achieving self-support.

---

### Article 6 | Master Plan for Long-Term Care

- (1) The Minister of Health and Welfare shall establish and implement a master plan for long-term care with the following matters included therein for each five-year period in order to smoothly provide older persons with long-term care benefits: <Amended by Act No. 14215, May 29, 2016>
  1. The number of persons eligible for long-term care benefits each year and a plan for the

- procurement of financial resources;
  - 2. A scheme for the management of long-term care institutions and professional human resources for long-term care for each year;
  - 3. Matters concerning the treatment of long-term care workers;
  - 4. Other matters specified by Presidential Decree concerning long-term care of older persons.
- (2) The head of each local government shall establish and implement a detailed implementation plan in accordance with the master plan for long-term care under paragraph (1).

---

### Article 6-2 | Survey

- (1) The Minister of Health and Welfare shall survey the following matters on a regular basis at an interval of three years in order to ascertain the current situation of long-term care services and shall publish the results of the survey:
- 1. Matters concerning approval of eligibility for long-term care;
  - 2. Matters concerning the number of beneficiaries eligible for long-term care benefits (hereinafter referred to as "beneficiaries") according to the rating of the need assessment committee for long term care under Article 52 (hereinafter referred to as the "need assessment committee"), the level of the benefits, and the degree of satisfaction of the beneficiaries;
  - 3. Matters concerning long-term care institutions;
  - 4. Matters concerning the working conditions, treatment, and number of long-term care staff;
  - 5. Other matters specified by Ordinance of the Ministry of Health and Welfare with regard to long-term care services.
- (2) Matters necessary for the methods, contents, etc. of the survey pursuant to paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 14215, May 29, 2016]

## **CHAPTER II LONG-TERM CARE INSURANCE**

### **Article 7 | Long-Term Care Insurance**

- (1) The Minister of Health and Welfare shall exercise overall control over the long-term care insurance program.
- (2) The NHIS shall be the insurer of the long-term care insurance program.
- (3) Persons eligible for the long-term care insurance (hereinafter referred to as "the insured of a long-term care insurance") shall be the insured under Articles 5 and 109 of the National Health Insurance Act. <Amended by Act No. 11141, Dec. 31, 2011>
- (4) Where a foreigner specified by Presidential Decree including foreign workers, etc. as defined in the Act on the Employment, etc. of Foreign Workers applies for exclusion, the NHIS may exclude such foreigner from the insured of a the long-term care insurance, as prescribed by Ordinance of the Ministry of Health and Welfare, notwithstanding paragraph (3). <Newly Inserted by Act No. 9510, Mar. 18, 2009; Act No. 9932, Jan. 18, 2010>

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### **Article 8 | Collection of Long-Term Care Insurance Contribution**

- (1) The NHIS shall collect long-term care insurance contribution to finance the expenses incurred in running long-term care programs.
- (2) Long-term care insurance contribution under paragraph (1) shall be collected together with the insurance contribution under Article 69 of the National Health Insurance Act (hereafter referred to as "health insurance contribution" in this Article). The NHIS shall separate long-term care insurance contribution from health insurance contribution in its notice for payment. <Amended by Act No. 11141, Dec. 31, 2011>
- (3) The NHIS shall manage long-term care contribution and health insurance contribution, collected together pursuant to paragraph (2), in separate accounts, respectively.

---

### **Article 9 | Calculation of Long-Term Care Insurance Contribution**

- (1) Long-term care insurance contribution shall be calculated by subtracting expenses reduced or exempted pursuant to Article 74 or 75 of the National Health Insurance Act from the amount of insurance contribution calculated in accordance with Article 69 (4) and (5) of the aforesaid Act and then by multiplying the amount after subtraction by the relevant long-term care insurance contribution rate. <Amended by Act No. 11141, Dec. 31, 2011>
- (2) The long-term care insurance contribution rate under paragraph (1) shall be prescribed by Presidential Decree, subject to deliberation by the Long-Term Care Committee established under Article 45.

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### **Article 10 | Reduction and Exemption of Long-Term Care Insurance Contribution for Persons with Disabilities, etc.**

The NHIS may fully or partially reduce or exempt long-term care insurance contribution, as prescribed

by Presidential Decree, for a person with a disability as defined in the Act on Welfare of Persons with Disabilities or a similar person specified by Presidential Decree, if the person is the insured of a long-term care insurance or a dependent to the insured of a long-term care insurance but fails to be determined as a beneficiary under Article 15 (2).

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### **Article 11 | Application Mutatis Mutandis to Eligibility, etc. for Long-Term Care Insurance**

@ Articles 5, 6, 8 through 11, 69 (1) through (3), 76 through 86, and 110 of the National Health Insurance Act shall apply mutatis mutandis to the acquisition and forfeiture of eligibility for the insured of a long-term care insurance or a dependent to the insured of a long-term care insurance, the payment, collection, and disposition of deficits, of long-term care insurance contribution. In such cases, the term "insurance contribution" shall be construed as "long-term care insurance contribution," the term "health insurance" as "long-term care insurance," and the term "the insured" as "the insured of a long-term care insurance." <Amended by Act No. 11141, Dec. 31, 2011>

## **CHAPTER III APPROVAL FOR LONG-TERM CARE**

### **Article 12 | Eligibility for Application for Long-Term Care**

Persons eligible for filing an application for approval for long-term care are older persons and shall meet any of the following eligibility requirements:

1. The insured of a long-term care insurance or a dependent to the insured of a long-term care insurance;
2. A beneficiary under Article 3 (1) of the Medical Care Assistance Act (hereinafter referred to as "recipient of medical benefits").

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### **Article 13 | Application for Approval for Long-Term Care**

- (1) A person who files an application (hereinafter referred to as "applicant") for approval for long-term care (hereinafter referred to as "application") with the NHIS, shall submit the application along with a referral issued by a medical doctor or an oriental medicine doctor (hereinafter referred to as "medical doctor's referral"), as prescribed by Ordinance of the Ministry of Health and Welfare: Provided, That a medical doctor's referral may be submitted up until the NHIS submits data to the need assessment committee pursuant to Article 15 (1).
- (2) Notwithstanding paragraph (1), persons specified by Presidential Decree, such as persons who are unable to move around freely or persons, etc. who have difficulty in getting access to a medical institution because they reside in an island or a remote area, need not submit a medical doctor's referral.
- (3) Fees for issuing a medical doctor's referral, the method of allocation of such fees, the scope of issuers, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 14 | Investigation of Application for Approval for Long-Term Care**

- (1) Upon receipt of an application pursuant to Article 13 (1), the NHIS shall instruct its employees to investigate the following matters, as prescribed by Ordinance of the Ministry of Health and Welfare: Provided, That where it is impracticable to conduct an investigation directly due to geographical circumstances, etc. or where it is deemed necessary for investigations, the NHIS may request the competent Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu (referring to an autonomous Gu; hereinafter the same shall apply) to conduct an investigation on its behalf or conduct a joint investigation: <Amended by Act No. 12067, Aug. 13, 2013>
  1. Mental and physical status of the applicant;
  2. Types and details of long-term care benefits that the applicant needs;
  3. Other matters specified by Ordinance of the Ministry of Health and Welfare as necessary for long-term care.
- (2) A person engaged in an investigation pursuant to paragraph (1) shall give prior notice of the date, time, and place of investigation, and personal information on the person in charge of such investigation to the applicant.
- (3) Upon completion of the investigation, the NHIS or the Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu, which was requested to investigate pursuant to the proviso to

paragraph (1), shall prepare a report on the investigation outcomes. The Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu, which was requested to engage in the investigation, shall, without delay, send a report on the investigation outcomes to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>

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### **Article 15 | Need Assessment for long Term Care, etc.**

- (1) Upon completion of an investigation under Article 14, the NHIS shall submit a report on results of the investigation, the relevant application, a medical doctor's referral, and other data necessary for examination to the need assessment committee. <Amended by Act No. 14215, May 29, 2016>
- (2) If the need assessment committee finds that an applicant meets the eligibility requirements for application under Article 12 and that the applicant has difficulties in carrying on with daily life on his/her own for six months or more, it shall confirm the applicant as a beneficiary according to the standards for need assessment prescribed by Presidential Decree concerning mental and physical conditions and the seriousness, etc. of conditions that require long-term care. <Amended by Act No. 14215, May 29, 2016>
- (3) Each need assessment committee may, when it examines and assesses pursuant to paragraph (2), hear opinions of the persons concerned, such as the applicant, his/her family members, and the medical doctor who issued a medical doctor's referral.

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### **Article 16 | Period of Need Assessment for Long-Term Care**

- (1) Each need assessment committee shall complete rating for long-term care under Article 15 within 30 days from the day on which an applicant files an application: Provided, That the period may be extended within the maximum of 30 days, if a thorough investigation into an applicant is required or exceptional circumstances make it impossible to complete rating within the prescribed period.
- (2) The NHIS shall, if it intends to extend the period of examination and rating for approval for long-term care pursuant to the proviso to paragraph (1), notify the relevant applicant or his/her agent of details and grounds for such extension and the extended period.

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### **Article 17 | Letter of Approval for Long-Term Care**

- (1) Upon completion of examination on approval and rating for long-term care by the need assessment committee, the NHIS shall without delay prepare a letter of approval for long-term care with the following matters described therein and dispatch it to the beneficiary:
  1. Long-term care rating;
  2. Types and details of long-term care benefits;
  3. Matters specified by Ordinance of the Ministry of Health and Welfare concerning long-term care benefits.
- (2) Upon completion of examination on approval and rating for long-term care by the need assessment committee, the NHIS shall notify of details of, and grounds for, such determination to each applicant who is determined as an ineligible beneficiary. In such cases, the Special Self-Governing City Mayor or Special Self-Governing Province Governor or the head of a Si/Gun/Gu (referring to the head of an autonomous Gu; hereinafter the same shall apply) may request the

NHIS to notify such details and grounds, and the NHIS so requested shall comply with the request.  
<Amended by Act No. 12067, Aug. 13, 2013>

- (3) When the NHIS sends a letter of approval for long-term care pursuant to paragraph (1), it shall prepare a standard plan for the use of long-term care within the extent of the monthly cap under Article 28 and dispatch the plan along with the letter of approval so that long-term care benefits can be used efficiently.
- (4) Necessary matters concerning the methods of preparation of letters of approval for long-term care and a standard plan for the use of long-term care under paragraphs (1) and (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 18 | Matters to Be Considered in Preparation of Letters of Approval for Long-Term Care**

The NHIS shall take the following matters into consideration, when it determines the type and details of long-term care benefits pursuant to Article 17 (1) 2 in preparing letters of approval for long-term care:

1. The beneficiary's rating of long-term care and his/her living environment;
2. Needs and choices of the beneficiary and his/her family members;
3. Current status of facilities operated by the relevant long-term care institution, if such facilities are provided as benefits.

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### **Article 19 | Effective Period of Approval for Long-Term Care**

- (1) The effective period of the approval for long-term care under Article 15 shall be at least one year and shall be prescribed by Presidential Decree.
- (2) The method of calculating the effective period under paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 20 | Renewal of Approval for Long-Term Care**

- (1) A beneficiary, who intends to continue to receive long-term care benefits after the effective period of the approval for long-term care under Article 19 terminates, shall file an application for renewal of approval for long-term care.
- (2) An application for renewal of approval for long-term care under paragraph (1) shall be filed at least 30 days before the end of the effective period.
- (3) Articles 12 through 19 shall apply mutatis mutandis to the procedure for renewal of approval for long-term care.

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### **Article 21 | Change of Rating, etc. for Long-Term Care**

- (1) A beneficiary who receives long-term care benefits shall, if he/she intends to have the rating for long-term care or the type or details of long-term care benefits changed when receiving long-term care benefits, file an application for such change with the NHIS.



- (2) Articles 12 through 19 shall apply mutatis mutandis to procedures for change of a rating for long-term care.
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### **Article 22 | Filing of Application, etc. for Approval for Long-Term Care through Agent**

- (1) If a person who intends to receive long-term care benefits or a beneficiary is unable to file an application for approval for long-term care, for renewal of approval for long-term care, or for change of the rating for long-term care in accordance with this Act on his/her own due to a physical or mental condition, one of his/her family members or relatives or any other interested party may act as his/her agent in filing such an application.
- (2) A public official in exclusive charge of social welfare under the Social Welfare Services Act may act as an agent for a person who resides within his/her jurisdiction in filing an application for approval for long-term care or any other application under paragraph (1), subject to consent of the applicant or the applicant's family.
- (3) Notwithstanding paragraphs (1) and (2), where a person who intends to receive long-term care benefits or a beneficiary is unable to file an application for approval for long-term care or any other application under paragraph (1), a person designated by the competent Special Self-Governing Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu may act as an agent for such a person or beneficiary in filing the application. <Amended by Act No. 12067, Aug. 13, 2013>
- (4) Matters necessary for the method of, and procedures for, etc. filing an application for approval for long-term care or any other application under paragraphs (1) through (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**CHAPTER IV TYPES OF LONG-TERM CARE BENEFITS****Article 23 | Types of Long-Term Care Benefits**

(1) Types of long-term care benefits under this Act are as follows: <Amended by Act No. 10785, Jun. 7, 2011; Act No. 13647, Dec. 29, 2015>

1. Benefit for home care service:

- (a) Home visit care: Long-term care benefits provided in a manner that a long-term care staff visits a beneficiary's home, etc. to assist the beneficiary with physical activities, household chores, etc.;
- (b) Home visit bathing: Long-term care benefits provided in a manner that a long-term care worker visits a beneficiary's home, etc. to give a bath to the beneficiary using equipments for bathing;
- (c) Home visit nursing: Long-term care benefits provided in a manner that a nurse working as a long-term care helper visits a beneficiary's home, etc. to provide nursing service, assist in medical treatment, give counsel on care, or treat dental hygiene, etc. in accordance with a written instruction of a medical doctor, an oriental medicine doctor, or a dentist (hereinafter referred to as "written instruction for home visit nursing");
- (d) Day and night care: Long-term care benefits provided in a manner that a beneficiary is admitted to a long-term care institution for care for certain hours a day to assist him/her with physical activities or to provide him/her with educational or training programs, etc. for maintaining and improving mental and physical functions;
- (e) Short-term respite care: Long-term care benefits provided in a manner that a beneficiary is admitted to a long-term care institution for care for a certain period within the maximum prescribed by Ordinance of the Ministry of Health and Welfare to assist him/her with physical activities or to provide educational or training programs, etc. for maintaining and improving mental and physical functions;
- (f) Other benefit for home care service: Long-term care benefits prescribed by Presidential Decree and provided in a manner that provides a beneficiary with assistive devices necessary to support his/her daily life and physical activities or to maintain and improve cognitive functions or with assistance for rehabilitation by home visit;

2. Institutional care benefit: Long-term care benefits provided in a manner that a beneficiary is admitted to a medical welfare facility for older persons referred to in Article 34 of the Welfare of Older Persons Act, which is operated by a long-term care institution for a long term to provide educational or training programs, etc. for assisting a beneficiary with physical activities or maintaining and improving mental functions;

3. Care allowance for special cases:

- (a) Family care benefit in cash: Long-term care benefits reimbursed for family pursuant to Article 24;
- (b) Exceptional care benefit in cash: Special long-term care benefits reimbursed pursuant to Article 25;
- (c) Nursing expenses of a geriatric hospital: Long-term care benefits reimbursed for admission to a geriatric hospital pursuant to Article 26.

(2) Necessary matters concerning types of, and standards for, long-term care institutions eligible for providing long-term benefits pursuant to paragraph (1) 1 and 2 and the scope, duties, and continuing education of long-term care workers for each type of long-term care benefit shall be

prescribed by Presidential Decree.

- (3) Standards and procedure for, and the method and scope of, providing long-term care benefits shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 24 | Family Care Benefit in Cash**

- (1) If any of the following beneficiaries has received long-term care benefits equivalent to home visit care under Article 23 (1) 1 (a) from a family member or another person, the NHIS may provide the beneficiary with family care benefit in cash in accordance with guidelines prescribed by Presidential Decree:
1. A person who resides in an area determined and publicly notified by the Minister of Health and Welfare as an area in which long-term care institutions are significantly insufficient, such as an island or a remote area;
  2. A person recognized by the Minister of Health and Welfare as one who has difficulty in using long-term benefits provided by long-term care institutions due to a natural disaster or any other reason similar thereto;
  3. A person who needs to receive long term care from his/her family members, etc. due to his/her physical or mental conditions, character, etc.
- (2) Procedures for reimbursement of family care benefit in cash under paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 25 | Exceptional Care Benefit in Cash**

- (1) If a beneficiary has received long-term care benefits equivalent to home care or institutional care benefit from a facility for geriatric care or any similar institution or facility other than long-term care institutions, the NHIS may reimburse the beneficiary for some expenses incurred in receiving the relevant long-term care benefits as exceptional care benefit in cash, in accordance with guidelines prescribed by Presidential Decree.
- (2) The scope of institutions or facilities eligible for recognition of long-term care benefits under paragraph (1), procedures for reimbursement of exceptional care benefit in cash, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 26 | Nursing Expenses of Geriatric Hospitals**

- (1) If a beneficiary is admitted to a geriatric hospital referred to in Article 3 (2) 3 (d) of the Medical Service Act, the NHIS may reimburse the beneficiary for some expenses incurred for long-term care as nursing expenses in the geriatric hospital, in accordance with guidelines prescribed by Presidential Decree. <Amended by Act No. 9386, Jan. 30, 2009; Act No. 10785, Jun. 7, 2011>
- (2) Procedures for reimbursement of nursing expenses in geriatric hospitals under paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

## **CHAPTER V PROVISION OF LONG-TERM CARE BENEFITS**

### **Article 27 | Date for Providing Long-Term Care Benefits**

- (1) Beneficiaries shall become eligible for long-term care benefits on the day on which a letter of approval for long-term care under Article 17 (1) is delivered.
- (2) Notwithstanding paragraph (1), if a beneficiary has no family member who can take care of him/her or if any reason specified by Presidential Decree exists, the beneficiary shall become eligible for long-term care benefits even during the period between the day on which an application is filed and the day on which a letter of approval for long-term care is delivered.
- (3) The scope of, and the procedure for, long-term care benefits approved pursuant to paragraph (2) and other relevant matters shall be prescribed by Presidential Decree.

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### **Article 27-2 | Account for Receipt of Care Allowance for Special Cases**

- (1) The NHIS shall pay care allowance for special cases into a bank account opened in the name of a beneficiary (hereinafter referred to as “account for receipt of care allowance for special cases”) upon request of the beneficiary: Provided, That when it is impracticable to transfer to an account for receipt of care allowance for special cases due to communication failure or other unavoidable reason prescribed by Presidential Decree, care allowance for special cases may be paid in cash or by other means prescribed by Presidential Decree.
- (2) A financial institution which opens accounts for receipt of care allowance for special cases shall ensure that only care allowance for special cases are transferred to such accounts.
- (3) Methods of and procedures for request under paragraph (1) and matters necessary to operate accounts for receipt of care allowance for special cases shall be prescribed by Presidential Decree.

[This Article Newly Inserted by Act No. 14321, Dec. 2, 2016]

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### **Article 28 | Monthly Cap of Long-Term Care Benefits**

- (1) Long-term care benefits shall be provided within the extent of a monthly cap. In such cases, the monthly cap shall be calculated by taking into consideration the rating for long-term care, the type of long-term care benefits, etc.
- (2) The guidelines for, and the method of, calculation of the monthly cap pursuant to paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 29 | Limitations on Long-Term Care Benefits**

- (1) The NHIS may, if a person who receives, or is eligible to receive, long-term care benefits falls under any of the following subparagraphs, suspend or discontinue providing long-term care benefits:
  1. If the person obtained the approval for long-term care by fraud or other unjust means;
  2. If the person obtained the approval for long-term care by causing an accident on purpose or by committing an unlawful act.

(2) The NHIS may, if a person who receives long-term care benefits fails to comply with a demand referred to in Article 60 or 61 or refuses to give an answer without a justifiable reason, discontinue providing long-term benefits.

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**Article 30 | Application Mutatis Mutandis to Limitations, etc. on Long-Term Care Benefits**

@ Article 53 (1) 4 and (2) through (6) and Article 54 of the National Health Insurance Act shall apply mutatis mutandis to limitations on, and the suspension of, long-term care benefits to persons who default payment of insurance contribution under this Act. In such cases, the term "the insured" shall be construed as "the insured of a long-term care insurance," the term "insurance benefit" as "long-term care benefit." <Amended by Act No. 11141, Dec. 31, 2011>

## **CHAPTER VI LONG-TERM CARE INSTITUTIONS**

### **Article 31 | Designation of Long-Term Care Institutions**

- (1) Any person who intends to establish and operate a long-term care institution shall obtain designation from a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu who has jurisdiction over the location of the institution. <Amended by Act No. 12067, Aug. 13, 2013>
- (2) Any person who intends to obtain designation as a long-term care institution pursuant to paragraph (1) shall be equipped with facilities and human resources specified by Ordinance of the Ministry of Health and Welfare as necessary for long-term care.
- (3) When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu designates a long-term care institution pursuant to paragraph (1), he/she shall give immediate notice of details of designation to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>
- (4) The procedure for designation of long-term care institutions and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 32 | Establishment of Long-Term Care Institution for Home Care**

- (1) Any person who intends to provide one or more of long term care benefits, from among benefit for home care service referred to in Article 23 (1) 1, shall establish a long-term care institution for home care with facilities and human resources equipped therefor and file a report thereon with the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu. Upon receipt of such report, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall give notice of details of the report to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>
- (2) Each long-term care institution for home care that has filed a report on its establishment pursuant to the former part of paragraph (1) shall be construed as a long-term care institution.
- (3) Each long-term care institution for home care installed and operated by any person other than medical institutions shall, if it provides home visit nursing services, have a nurse as a manager in charge of home visit nursing.
- (4) Standards for the facilities and human resources referred to in paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 32-2 | Disqualifications**

Any of the following persons shall not be qualified for the designation of a long-term care institution under Article 31 or for the reporting of establishment of a long-term care institution for home care under Article 32:

1. A minor, or a person under the adult guardianship or under the limited guardianship;
2. A mentally ill person defined by subparagraph 1 of Article 3 of the Mental Health Act;
3. A person addicted to narcotics defined by subparagraph 1 of Article 2 of the Narcotics Control Act;

4. A person declared bankrupt but not yet reinstated;
5. A person in whose case five years have not passed yet since imprisonment without prison labor or any severer penalty to which he/she had been sentenced was completely executed (or is deemed to have been completely executed) or was remitted;
6. A person who was sentenced to the suspension of imprisonment without prison labor or any severer penalty and is still in the period of suspension;
7. A corporation whose representative falls under any of the subparagraphs 1 through 6.

[This Article Newly Inserted by Act No. 13647, Dec. 29, 2015]

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### **Article 33 | Changes in Facilities and Human Resources of Long-Term Care Institutions**

When a long-term care institution makes a change in any major matter specified by Ordinance of the Ministry of Health and Welfare with regard to facilities and human resources, it shall report such change to the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. Upon receipt of such report, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall give immediate notice of details of the change to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>

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### **Article 34 | Providing Information on Long-Term Care Institutions, etc.**

- (1) Each long-term care institution shall publish records of its current status, such as details of benefits provided by the long-term care institution and its facilities, human resources, etc. on the website operated by the NHIS in order to help each beneficiary easily choose long-term care benefits and assure the quality of benefits provided by the long-term care institution.
- (2) Details and methods, and procedures for, the publication under paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 35 | Obligations, etc. of Long-Term Care Institutions**

- (1) No long-term care institution shall, upon receiving an application for long-term care benefits from a beneficiary, refuse to provide long-term care benefits: Provided, That the foregoing shall not apply if its capacity for admission is exhausted or if it has any other justifiable ground.
- (2) Each long-term care institution shall provide long-term care benefits in compliance with the standards and procedure for, and the method of, providing long-term benefits prescribed in Article 23 (3).
- (3) The head of each long-term care institution shall issue a statement of expenses for long-term care benefits to each beneficiary to whom he/she has provided long-term care benefits.
- (4) The head of each long-term care institution shall keep and manage records on the provision of long-term care benefits, and neither the head nor a worker of a long-term care institution shall make any false document about the provision of a long-term care benefit. <Newly Inserted by Act No. 10127, Mar. 17, 2010; Act No. 13647, Dec. 29, 2015>
- (5) No long-term care institution shall exempt or reduce the expenses for home care and institutional

care benefits that a beneficiary shall bear (hereinafter referred to as “co-payment”), for the purpose of pursuing profits, in addition to the amount exempted under the proviso to Article 40 (1) or abated under Article 40 (3). <Newly Inserted by Act No. 12067, Aug. 13, 2013>

- (6) No person shall introduce, refer, or solicit a beneficiary to a long-term care institution or instigate another person to commit such an act by offering or promising to offer money, goods, labor, entertainment, or any other benefits, for the purpose of pursuing profits. <Newly Inserted by Act No. 12067, Aug. 13, 2013>
- (7) The statement of expenses for long-term care benefits under paragraph (3), details of records on the provision of long-term care benefits to be recorded and managed pursuant to paragraph (4) and the period of retaining such records, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 10127, Mar. 17, 2010; Act No. 12067, Aug. 13, 2013>

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### **Article 35-2 | Financial Accounting Standards for Long-Term Care Institutions**

- (1) The head of a long-term care institutions shall operate the long-term care institution in a transparent manner in accordance with the financial and accounting standards prescribed by Ordinance of the Ministry of Health and Welfare (hereinafter referred to as the "financial accounting standards for long-term care institutions): Provided, That the financial accounting standards under Article 34 (3) of the Social Welfare Services Act shall apply to the social welfare facilities established pursuant to Article 34 of the aforesaid Act, among long-term care institutions.
- (2) The Minister of Health and Welfare shall consider characteristics of each long-term care institution, the timing for enforcement, etc. when he/she formulates the financial accounting standards for long-term care institutions.

[This Article Newly Inserted by Act No. 14215, May 29, 2016]

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### **Article 36 | Reporting on Closure, etc. of Long-Term Care Institutions**

- (1) When the head of a long-term care institution intends to close or suspend its business operations, he/she shall report it to the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu at least 30 days before the scheduled date of business closure or suspension. Upon receipt of such report, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall give immediate notice of details of the report to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>
- (2) When the head of a long-term care institution intends to close or suspend business operations of the long-term care institution, he/she shall formulate and implement a plan for measures to be taken to ensure that beneficiaries using the long-term care institution can use another long-term care institution and shall take other measures for protecting rights and interests of beneficiaries. <Newly Inserted by Act No. 13647, Dec. 29, 2015>
- (3) Upon receipt of a report on closure or suspension of business operations from a long-term care institution pursuant to paragraph (1), the competent Special Self-Governing City Mayor, Special



Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall ascertain whether the head of the long-term care institution has taken measures for protecting rights and interests of beneficiaries in accordance with paragraph (2) and shall recommend the long-term care institution to withdraw the closure of business operations or shall take other measures, if it is anticipated that the closure of business operations will cause a serious problem in providing long-term care benefits due to the absence of alternative long-term care institution in the vicinity or due to other circumstances. <Amended by Act No. 13647, Dec. 29, 2015>

- (4) When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu issues an order to a medical welfare facility for older persons or any similar facility (limited to cases where the facility concerned is operated by a long-term care institution) to suspend or close business operations pursuant to Article 43 of the Welfare of Older Persons Act, he/she shall give immediate notice of details of the order to the NHIS. <Amended by Act No. 12067, Aug. 13, 2013>
- (5) When the head of a long-term care institution files a report on the closure or suspension of business operations pursuant to paragraph (1), he/she shall transfer records relating to the provision of long-term care benefits to the NHIS, as prescribed by Ordinance of the Ministry of Health and Welfare: Provided, That the head of a long-term care institution who files a report on suspension may retain records relating to the provision of long-term care benefits under his/her custody, if he/she obtains permission therefor from the NHIS by not later than the day before the scheduled date of suspension of business operations. <Newly Inserted by Act No. 10127, Mar. 17, 2010; Act No. 12067, Aug. 13, 2013>

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### Article 36-2 | Corrective Order

If a long-term care institution breaches financial accounting standards, a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu may order the long-term care institution to rectify the relevant breaches within a given period of not more than six months.

[This Article Newly Inserted by Act No. 14215, May 29, 2016]

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### Article 37 | Cancellation, etc. of Designation as Long-Term Care Institutions

- (1) Where a long-term care institution falls under any of the following circumstances, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu may cancel its designation or issue an order to suspend its business operations for a period of not more than six months: Provided, That he/she shall cancel the designation, if a long-term care institution falls under subparagraph 1, 2-2, or 7: <Amended by Act No. 12067, Aug. 13, 2013; Act No. 13647, Dec. 29, 2015>
1. Where a long-term care institution obtains designation by fraud or other unjust means;
  2. Where a long-term care institution does not meet the standards for the designation under Article 31 (2);
  - 2-2. Where a long-term care institution falls under any subparagraph of Article 32-2: Provided, That the foregoing shall not apply where its representative is replaced within three months, if

the institution is a corporation that falls under subparagraph 7 of Article 32-2;

3. Where a long-term care institution refuses to provide long-term care benefits, in violation of Article 35 (1);
  - 3-2. Where a long-term care institution exempts or abates a beneficiary's co-payment, in violation of Article 35 (5);
  - 3-3. Where a long-term care institution is involved in the introduction, referral, or solicitation of a beneficiary, or instigates a person to commit such an act, in violation of Article 35 (6);
  4. Where a long-term care institution claims expenses for domiciliary or facility benefits by fraud or other unjust means;
  5. Where a long-term care institution fails to comply with an order to submit records pursuant to Article 61 (2) or submits false records, refuses, interferes with, or evades an inquiry or inspection, or falsely respond to such inquiry or inspection;
  6. Where a worker, etc. of a long-term care institution commits any of the following acts:
    - (a) Committing assault and battery upon the body of a beneficiary or inflicting any injury upon a beneficiary;
    - (b) Committing sexual violence or sexual harrassment that leads to a sense of sexual shame upon a beneficiary;
    - (c) Abandoning a beneficiary under his/her custody or supervision or inadvertently neglecting basic protective measures, including sheltering, food, and clothing, or medical treatment;
  7. Where a long-term care institution provides long-term care benefits during a period of business suspension.
- (2) When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu cancels designation or issues an order to suspend business pursuant to paragraph (1), he/she shall give immediate notice of details thereof to the NHIS and the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, the head of a Si/Gun/Gu shall give such notice to the Minister of Health and Welfare via the competent Special Metropolitan City Mayor, Metropolitan City Mayor, or Do Governor. <Amended by Act No. 12067, Aug. 13, 2013>
- (3) Where a long-term care institution for home care falls under any of the following circumstances, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu may issue an order to close down its facilities or suspend its business operations for a period of not more than six months: Provided, That he/she must issue an order to close down the business, if a long-term care institution for home care falls under subparagraph 1, 2-2, or 5: <Amended by Act No. 12067, Aug. 13, 2013; Act No. 13647, Dec. 29, 2015; Act No. 14215, May 29, 2016>
1. Where a long-term care institution for home care has made a report by fraud or other unjust means;
  2. Where a long-term care institution for home care is not equipped with facilities or human resources required pursuant to Article 32 (1);
  - 2-2. Where a long-term care institution for home care falls under paragraph (1) 2-2;
  3. Where a long-term care institution for home care falls under paragraph (1) 3, 3-2, 3-3, 5, or 6;
  4. Where a long-term care institution for home care claims expenses for benefit for home care service by fraud or other unjust means;
  5. Where a long-term care institution for home care provides long-term care benefits during a

- period of business suspension;
6. Where a long-term care institution for home care fails to comply with an order issued under Article 36-2 to rectify breaches or commits accounting fraud.
- (4) When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu orders a long-term care institution for home care to close or suspend business pursuant to paragraph (3), he/she shall give immediate notice of details of the order to the NHIS and the Minister of Health and Welfare as prescribed by Ordinance of the Ministry of Health and Welfare, and the head of a Si/Gun/Gu in such cases shall give notice to the Minister of Health and Welfare via the competent Special Metropolitan City Mayor, Metropolitan City Mayor, or Do Governor. The designation of a long-term care institution for home care is deemed cancelled under paragraph (1), when an order to close business is issued to the long-term care institution for home care. <Amended by Act No. 12067, Aug. 13, 2013>
- (5) Where a long-term care institution has its designation cancelled or its business operations suspended pursuant to paragraph (1) or a long-term care institution for home care is closed or has its business operations suspended pursuant to paragraph (3), the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall move the beneficiaries that have used the long-term care institution to another long-term care institution and take other necessary measures to protect rights and interests of the beneficiaries. <Newly Inserted by Act No. 13647, Dec. 29, 2015>
- (6) Either of the following persons shall not be qualified for the designation of a long-term care institution under Article 31 or for filing a report on the establishment of a long-term care institution for home care under Article 32: <Amended by Act No. 12067, Aug. 13, 2013; Act No. 13647, Dec. 29, 2015>
1. A person (including the representative of the corporation, if the person is a corporation) in whose case three years have not passed yet since he/she had his/her designation cancelled or was ordered to close down the business pursuant to paragraph (1) or (3);
  2. A person (including the representative of a corporation, if the person is a corporation) in whose case a period of business suspension has not elapsed yet since he/she was ordered to suspend business pursuant to paragraph (1) or (3).
- (7) The guidelines for administrative dispositions pursuant to paragraphs (1) and (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 12067, Aug. 13, 2013>

### **Article 37-2 | Imposition, etc. of Penalty Surcharges**

- (1) If a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu is required to issue an order to suspend business to a long-term care institution for an act specified in any subparagraph of Article 37 (1) or (3) (excluding Article 37 (1) 4 and (3) 4) but deems there is an extraordinary circumstance specified by the Minister of Health and Welfare in the case, such that business suspension is anticipated to cause severe inconvenience to beneficiaries who use the long-term care institution concerned, he/she may impose a penalty surcharge of not exceeding 50 million won on such long-term care institution in lieu of the order of business suspension: Provided, That the foregoing shall not apply to cases specified by Ordinance of the Ministry of Health and Welfare with respect to violations of Article 37 (1) 6.

- (2) If a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu is required to issue an order to suspend business to a long-term care institution for an act specified in Article 37 (1) 4 or (3) 4 but deems there is an extraordinary circumstance specified by the Minister of Health and Welfare in the case, such that business suspension is anticipated to cause severe inconvenience to beneficiaries who use the long-term care institution concerned, he/she may impose an amount of not more than five times the amount claimed by fraud or other unjust means as a penalty surcharge on such long-term care institution in lieu of the order of business suspension.
- (3) The amount of a penalty surcharge to be imposed by type and degree of violations subject to the imposition of penalty surcharges under paragraph (1) or (2), the procedure for the imposition of penalty surcharges, and other necessary matters shall be prescribed by Presidential Decree.
- (4) If a person upon whom a penalty surcharge has been imposed under paragraph (1) or (2) fails to pay it by the due date for payment, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu shall collect it in the same manner as delinquent local taxes are collected.
- (5) A Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall keep and maintain records of the imposition and collection of penalty surcharges under paragraph (1) or (2), as prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 12067, Aug. 13, 2013]

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### Article 37-3 | Disclosure of Violations, etc.

- (1) If a disposition made under Article 37 or 37-2 against a long-term care institution on the ground that it filed a false claim for expenses for home care or institutional care benefits becomes final in either of the following cases, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu may disclose the information specified by Presidential Decree to the public, such as the relevant violation, the details of the disposition, the name and address of the long-term care institution concerned, the name of the head of the long-term care institution concerned, and other information necessary for discerning it from other long-term care institutions:
1. Where the amount of the false claim is at least ten million won;
  2. Where the amount of the false claim is at least 10/100 of the total expenses for long-term care benefits.
- (2) In order to deliberate on whether to disclose information under paragraph (1), a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu may establish and operate a committee for deliberation on disclosure.
- (3) The method of determining whether to disclose information under paragraph (1), the method and procedure for disclosure, and matters necessary for the establishment and operation of the committee for deliberation on disclosure under paragraph (2) shall be prescribed by Presidential Decree.

[This Article Newly Inserted` by Act No. 12067, Aug. 13, 2013]

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### Article 37-4 | Succession to Effects of Administrative Dispositions

- (1) The effects of an administrative disposition imposed for an act specified in any subparagraph of Article 37 (1) or (3) (hereinafter referred to as “administrative disposition”) are transferred to any of

the following persons for three years from the date of imposing such disposition: <Amended by Act No. 13647, Dec. 29, 2015>

1. The transferee, where the long-term care institution concerned is transferred;
  2. The corporation newly incorporated as a consequence of a merger of corporations or surviving the merger, where corporations are merged;
  3. The person (including the representative of a corporation, if the person is a corporation) who operates another long-term care institution at the same place after the former long-term care institution was closed and who has been punished by an administrative disposition or his/her spouse or lineal relatives by blood.
- (2) If proceedings for an administrative disposition are pending, such proceedings may continue against any of the following persons: <Amended by Act No. 13647, Dec. 29, 2015>
1. The transferee, where the long-term care institution concerned is transferred;
  2. The corporation newly incorporated as a consequence of a merger of corporations or surviving the merger, where corporations are merged;
  3. The person (including the representative of a corporation, if the person is a corporation) who operates another long-term care institution at the same place within one year after the former long-term care institution was closed and who has committed the relevant violation or his/her spouse or lineal relatives by blood.
- (3) Notwithstanding paragraphs (1) and (2), the foregoing paragraphs shall not apply to a person specified in any subparagraph of paragraph (1) or (2) (hereinafter referred to as “transferee or such”), if the person proves that he/she was ignorant of the administrative disposition or violation at the time of acquisition by transfer, merger, or operation.
- (4) A person, who was punished by an administrative disposition or against whom proceedings for such disposition are pending, shall give immediate notice of the fact to the transferee or such, as prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 12067, Aug. 13, 2013]

### **Article 37-5 | Restriction on Provision of Long-Term Care Benefits**

- (1) If a worker of a long-term care institution takes part in filing a claim for reimbursement of expenses for home care or institutional care benefits by fraud or other unjust means, the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu may take measures to place restrictions on the worker's provision of long-term care benefits for a period of not more than one year.
- (2) When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu take measures under paragraph (1), he/she shall notify the NHIS of details thereof, without delay.
- (3) The criteria and methods for measures to be taken to restrict the provision of long-term care benefits, the methods and procedure for the notification of such measures, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 13647, Dec. 29, 2015]

## **CHAPTER VII EXPENSES, ETC. FOR HOME CARE OR INSTITUTIONAL CARE BENEFIT**

### **Article 38 | Claim, Reimbursement, etc. for Expenses for Home care or Institutional Care Benefits**

- (1) Each long-term care institution shall, when it has provided home care or institutional care benefits pursuant to Article 23 to a beneficiary, file a claim for reimbursement of expenses for the long-term care benefits with the NHIS.
- (2) The NHIS shall, upon receiving a claim for reimbursement of expenses for home care or institutional care benefits from a long-term care institution pursuant to paragraph (1), review the claim and pay the NHIS' share of expenses incurred in providing long-term care (referring to an amount calculated by deducting the beneficiary's co-payment from expenses for home care or institutional care benefits) to the long-term care institution.
- (3) The NHIS may adjust expenses for long-term care benefits by adding or subtracting an amount according to results of the evaluation under Article 54 (2) of long-term care benefits provided by a long-term care institution.
- (4) A long-term care institution shall spend part of the reimbursement paid for expenses for long-term care benefits for personnel expenses for long-term care workers at the rate determined and publicly notified by the Minister of Health and Welfare. <Newly Inserted by Act No. 14215, May 29, 2016>
- (5) Matters concerning guidelines for the examination on the review of expenses for home care or institutional care benefits, guidelines for the addition to or subtraction from expenses for long-term care benefits, the procedure for filing claims, the method of payment, and other relevant matters under paragraphs (1) through (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 39 | Calculation of Expenses for Home Care or Institutional Care Benefit**

- (1) Expenses for home care or institutional care benefits shall be determined and publicly notified by the Minister of Health and Welfare according to each type of benefits, each rating of long-term care, etc. subject to deliberation by the Long-Term Care Committee referred to in Article 45.
- (2) The Minister of Health and Welfare may, when he/she determines expenses for home care or institutional care benefits pursuant to paragraph (1), consider whether expenses for the establishment of a long-term care institution were subsidized by the State or a local government as prescribed by Presidential Decree.
- (3) Necessary matters concerning detailed methods of the calculation of expenses for home care or institutional care benefits under paragraph (1), items of such expenses, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare.

### Article 40 | Beneficiary's Co-Payment of Expenses

- (1) Each beneficiary shall bear expenses for domiciliary or facility benefits at either of the following rates: Provided, That the foregoing shall not apply to the beneficiaries under Article 3 (1) 1 of the Medical Care Assistance Act: <Amended by Act No. 13647, Dec. 29, 2015>
1. Benefit for home care service: 15/100 of expenses for relevant long-term care benefits;
  2. Institutional care benefits: 20/100 of expenses for relevant long-term care benefits.
- (2) Expenses for the following long-term care benefits shall be fully borne by a beneficiary:
1. Long-term care benefits that shall be excluded from the scope and coverage of the benefits under the provisions of this Act;
  2. A difference in cases where a beneficiary decided to take long-term care benefits different from the type and details of long-term care benefits described in the relevant letter of approval for long-term care under Article 17 (1) 2;
  3. Long-term care benefits exceeding the monthly cap of long-term care benefits under Article 28.
- (3) Any of the following persons shall be eligible for reduction of his/her co-payment of expenses by 50/100: <Amended by Act No. 9693, May 21, 2009; Act No. 10127, Mar. 17, 2010>
1. A recipient of medical benefits referred to in Article 3 (1) 2 through 9 of the Medical Care Assistance Act;
  2. A person whose income, property, etc. is not more than a specific amount prescribed and publicly notified by the Minister of Health and Welfare: Provided, That such amount applicable to persons who reside in an island, a remote area, a rural community, etc. may be prescribed separately;
  3. A person who suffers hardships in making a living due to a natural disaster or any cause or event specified by Ordinance of the Ministry of Health and Welfare.
- (4) Matters necessary for the method of calculating beneficiary's co-payment of expenses and procedures for, and the method of, abatement thereof under paragraphs (1) through (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 9693, May 21, 2009>

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### Article 41 | Compensation Payable to Family Members, etc. for Long-Term Care

- (1) If a beneficiary has been provided with long-term care equivalent to home visit care referred to in Article 23 (1) 1 (a) by a family member or another person and if the total amount of long-term care benefits so provided does not exceed an amount determined and publicly notified by the Minister of Health and Welfare, the NHIS may reduce or exempt part of the beneficiary's co-payment or may take any other measure as a substitute for such reduction or exemption, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) Necessary matters, such as the method, etc. of reduction and exemption of a beneficiary's co-payment pursuant to paragraph (1), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### Article 42 | Calculation, etc. of Expenses for Issuance of Written Instruction for Home Visit Nursing

Necessary matters concerning expenses for the issuance of written instructions for home visit nursing under Article 23 (1) 1 (c), the method of allocation of such expenses, and the procedures for

filing claims for reimbursement of such expenses and paying such expenses shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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### **Article 43 | Recovery of Unjust Enrichment or Unjust Profit**

- (1) In any of the following cases, the NHIS shall recover the amount equivalent to long-term care benefits or the expenses for the long-term care benefits from the person to whom the long-term care benefits have been provided: <Amended by Act No. 13647, Dec. 29, 2015>
1. If a person has received long-term care benefits in excess of the monthly cap referred to in Article 28;
  2. If a person whose long-term care benefits shall be subject to limitations pursuant to Article 29 or 30 has received long-term care benefits;
  3. If a person has filed claims for reimbursement of expenses for home care or institutional care benefits by fraud or other unjust means under Article 37 (1) 4 or (3) 4 and received the reimbursement;
  4. If a person has received long-term care benefits or the payment of expenses for long-term care benefits from the NHIS without any cause under this Act.
- (2) If long-term care benefits were provided based on a false report, certificate, or diagnosis in the case of paragraph (1), the NHIS may demand a person who was involved in the fraudulent act to pay the money recoverable pursuant to paragraph (1) jointly with the person who has received long-term care benefits.
- (3) In the case of paragraph (1), the NHIS may demand a person who belongs to the same household as the person who has received long-term care benefits by fraud or other unjust means (referring to a person who supports a recipient of long-term care benefits or a person who owes a duty to support a person who received long-term care benefits pursuant to any other statutes) to pay the money recoverable pursuant to paragraph (1) jointly with the recipient of long-term care benefits by fraud or other unjust means.
- (4) In the case of paragraph (1), if a long-term care institution has received the payment of expenses for long-term care benefits from a beneficiary by fraud or other unjust means, the NHIS shall recover the payment from the long-term care institution and return it to the beneficiary.

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### **Article 44 | Right to Demand Reimbursement**

- (1) The NHIS shall, when it provides long-term care benefits to a beneficiary because a third party's act gives rise to a cause of providing long-term care benefits, acquire a right to demand the third party to reimburse it from damages within the maximum expenses incurred in such benefits.
- (2) In the case of paragraph (1), if the person who received long-term care benefits already collected damages from the third party, the NHIS shall not provide long-term care benefits within the maximum of damages collected.



## **CHAPTER VIII LONG-TERM CARE COMMITTEE**

### **Article 45 | Establishment and Functions of Long-Term Care Committee**

The Minister of Health and Welfare shall have the Long-Term Care Committee under his/her control in order to have the Committee deliberate on the following matters:

1. Long-term care insurance contribution rates under Article 9 (2);
2. Standards for paying family care benefit in cash, exceptional care benefit in cash, and nursing expenses of geriatric hospitals pursuant to Articles 24 through 26;
3. Expenses for home care and institutional care benefits referred to in Article 39;
4. Other essential matters specified by Presidential Decree.

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### **Article 46 | Composition of Long-Term Care Committee**

- (1) The Long-Term Care Committee shall be comprised of not less than 16, but not more than 22 members, including one Chairperson and one Vice Chairperson.
- (2) Committee members except the Chairperson shall be appointed or commissioned by the Minister of Health and Welfare, and the number of persons in a group under each of the following subparagraphs shall be equal:
  1. Persons, each of whom represents an employees' organization, an employers' organization, a non-governmental organization (referring to a non-profit, non-governmental organization under Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act), an older persons' organization, an organization of farmers or fishers, or an organization of self-employed entrepreneurs;
  2. Persons, each of whom represents a long-term care institution or medical community;
  3. Public officials, each of whom belongs to an appropriate central administrative agency specified by Presidential Decree and is a member of the Senior Civil Service Corps; persons, each of whom represents an academia or a research community related to long-term care; or persons recommended by the President of the NHIS.
- (3) The Vice Minister of Health and Welfare shall take the chair of the Committee, and the Vice Chairperson shall be appointed by the Chairperson from among the committee members.
- (4) The term of office for each member of the Long-Term Care Committee shall be three years: Provided, That the term of office for each public official serving as a committee member shall be the term of his/her service as a public official.

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### **Article 47 | Operation of Long-Term Care Committee**

- (1) Meetings of the Long-Term Care Committee shall be duly formed with a majority of members present and shall adopt a resolution by an affirmative vote of a majority of members present at each meeting.
- (2) The Long-term Care Committee may have working committees for each area for efficient operation.
- (3) Except as otherwise prescribed by this Act, the composition and operation of the Long-Term Care Committee and other necessary matters shall be prescribed by Presidential Decree.

**CHAPTER VIII-II SUPPORT CENTERS FOR LONG-TERM CARE WORKERS**

**Article 47-2 | Establishment, etc. of Support Centers for Long-Term Care Workers**

- (1) A local government may establish and operate a support center for long-term care workers in order to protect rights of long-term care workers.
- (2) A support center for long-term care workers shall provide the following services:
  1. Counseling service and assistance as countermeasures against violations of rights of long-term care workers;
  2. Assistance in training programs for empowering long-term care workers;
  3. Programs for health management, including medical examination of long-term care workers;
  4. Other matters specified by Presidential Decree as necessary for services, etc. of long-term care workers.
- (3) Other matters necessary for the establishment, operation, etc. of support centers for long-term care workers shall be prescribed by Municipal Ordinance of each local government in accordance with provisions of the relevant Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted by Act No. 14215, May 29, 2016]

## **CHAPTER IX INSTITUTION RESPONSIBLE FOR ADMINISTRATION AND OPERATION**

### **Article 48 | Institution, etc. Responsible for Administration and Operation**

- (1) The institution responsible for the administration and operation of the long-term care program shall be the NHIS.
- (2) The NHIS shall undertake the following service: <Amended by Act No. 10127, Mar. 17, 2010>
1. Management of eligibility for long-term care insurance of the insured and their dependents and recipients of medical benefits;
  2. Imposition and collection of long-term care insurance contribution;
  3. Investigation of applicants;
  4. Operation of need assessment committees and confirmation of ratings for long-term care;
  5. Preparation of letters of approval for long-term care and delivery of standard plans for the use of long-term care;
  6. Control and evaluation of long-term care benefits;
  7. Matters concerning assistance in use of long-term care benefits, such as providing beneficiaries with information, guidance, and counselling service;
  8. Review on expenses for home care or institutional care benefits and payment of care allowance for special cases;
  9. Verification of details of long-term care benefits provided;
  10. Surveys, research, and public relations activities on the long-term care program;
  11. Projects for preventing geriatric diseases;
  12. Imposition and collection of unjust enrichment or unjust profit under this Act;
  13. Establishment and operation of long-term care institutions to develop criteria for the provision of long-term care benefits and deliberate on the appropriateness of long-term care benefit expenses;
  14. Other services entrusted by the Minister of Health and Welfare in conjunction with the long-term care program.
- (3) The NHIS shall consider the alleviation of the imbalance between regions in view of the population of older persons and local characteristics when it intends to establish a long-term care institution pursuant to paragraph (2) 13 and shall establish and operate the long-term care institution within the minimum extend for objectives of the establishment thereof. <Newly Inserted by Act No. 10127, Mar. 17, 2010; Act No. 13647, Dec. 29, 2015>
- (4) Articles of the NHIS under Article 17 of the National Health Insurance Act shall include and describe the following matters with regard to the long-term care program: <Amended by Act No. 10127, Mar. 17, 2010; Act No. 11141, Dec. 31, 2011>
1. Long-term care insurance contribution;
  2. Long-term care benefits;
  3. Budgeting and settlement of accounts for the long-term care program;
  4. Other matters specified by Presidential Decree.

### **Article 49 | NHIS' Organization, etc. for Long-Term Care Program of NHIS**

When the NHIS establishes regulations on the organization of the NHIS pursuant to Article 29 of the National Health Insurance Act, it shall separate organizations that shall undertake the long-term care program, independent of organizations that shall undertake health insurance: Provided, That the foregoing shall not apply to business affairs related to the management of eligibility and the imposition and collection of insurance contribution referred to in Article 48 (2) 1 and 2. <Amended by Act No. 11141, Dec. 31, 2011>

### **Article 50 | Accounting of Long-Term Care Program**

- (1) The NHIS shall install and operate separate accounts for the long-term care program.
- (2) The NHIS shall manage the funds for services of long-term care programs provided with financial resources of long-term care insurance contribution separately from the funds for the services of long-term care programs provided with financial resources of contributions from the State and local governments: Provided, That it does not need to separately manage the funds for the administration and operation.

### **Article 51 | Application Mutatis Mutandis to Delegation, etc. of Authority**

@ Articles 32 and 38 of the National Health Insurance Act shall apply mutatis mutandis to the delegation of President's authority under this Act and reserves. In such cases, the term "insurance benefits" shall be construed as "long-term care benefits." <Amended by Act No. 11141, Dec. 31, 2011>

### **Article 52 | Establishment of Need Assessment Committee**

- (1) The NHIS shall have need assessment committees to deliberate on approval for long-term care and confirmation of rating for long-term care.
- (2) A need assessment committee shall be established in each Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu: Provided, That two or more need assessment committees may be established in one Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu or one need assessment committee may be established by two or more integrated local governments, such as Special Self-Governing Cities, Special Self-Governing Provinces, and Sis/Guns/Gus, taking into consideration the size of population and other relevant facts. <Amended by Act No. 12067, Aug. 13, 2013>
- (3) Each need assessment committee shall be comprised of 15 members, including one Chairperson.
- (4) Members of each need assessment committee shall be commissioned by the President of the NHIS, from among the persons described in the following paragraphs. In such cases, at least seven members shall be recommended by the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu, and at least one medical doctor or oriental medicine doctor shall be included in each committee: <Amended by Act No. 12067, Aug. 13, 2013>
  1. Medical persons under the Medical Service Act;
  2. Social welfare workers under the Social Welfare Services Act;

3. Public officials who belong to a Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu;
  4. Other persons who have abundant knowledge and experience in law or long-term care.
- (5) The term of office for each member of each need assessment committee shall be three years: Provided, That the term of office of a public official serving as a member shall be the term of his/her service as public official.
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### **Article 53 | Operation of Need Assessment Committees**

- (1) The chairperson of each need assessment committee shall be commissioned by the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu, from among committee members. In such cases, where one need assessment committee is established by two or more integrated Special Self-Governing Cities, Special Self-Governing Provinces, or Sis/Guns/Gus under the proviso to Article 52 (2), the chairperson of such need assessment committee shall be commissioned jointly by the competent Special Self-Governing City Mayors, Special Self-Governing Province Governors, and the heads of the competent Sis/Guns/Gus. <Amended by Act No. 12067, Aug. 13, 2013>
  - (2) Meetings of each need assessment committee shall be duly formed with a majority of members present and shall adopt a resolution by an affirmative vote of a majority of members present at the meeting.
  - (3) Except as otherwise expressly provided for in this Act, the composition and operation of need assessment committees and other necessary matters shall be prescribed by Presidential Decree.
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### **Article 54 | Control and Evaluation of Long-Term Care Benefits**

- (1) The NHIS shall continuously control and evaluate details of long-term care benefits provided by each long-term care institution and endeavor to improve the quality of long-term care benefits.
- (2) The NHIS shall evaluate whether a long-term care institution has provided long-term care benefits appropriately in accordance with the standards, procedure, method, etc. of long-term care benefits prescribed in Article 23 (3) and may publish the results of the evaluation on its website and take other measures as may be necessary. <Amended by Act No. 13647, Dec. 29, 2015>
- (3) The methods of the evaluation of details of provided long-term care benefits and the publication of results of the evaluation pursuant to paragraph (2) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 13647, Dec. 29, 2015>

## **CHAPTER X FILING OBJECTION OR APPLICATION FOR EXAMINATION**

### **Article 55 | Raising of Objection**

- (1) Any person not satisfied with a disposition made by the NHIS with regard to approval or rating for long-term care, long-term care benefits, unjust enrichment or unjust profit, expenses for long-term care benefits, or long-term care insurance contribution may raise an objection with the NHIS.
  - (2) An objection under paragraph (1) shall be raised in writing within 90 days from the date on which the relevant disposition is made: Provided, That the foregoing shall not apply to cases where a person successfully vindicates him/herself that he/she was unable to raise an objection due to a justifiable reason within the period prescribed in the main sentence.
  - (3) The NHIS shall organize a long-term care review committee to have the committee to deliberate on the cases of objections under paragraph (1).
  - (4) The composition and operation of the committee for the examination on long-term care, the term of office for members of the committee, and other necessary matters shall be prescribed by Presidential Decree.
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### **Article 56 | Application for Examination**

- (1) Any person who is dissatisfied with a decision on an objection under Article 55 may file an application for examination with the committee for the adjudication on long-term care (hereinafter referred to as the "adjudication committee") within 90 days from the date on which the relevant decision is made.
  - (2) The adjudication committee shall be under the control of the Minister of Health and Welfare and shall be comprised of not more than 20 members, including one Chairperson.
  - (3) Members of the adjudication committee shall be appointed or commissioned by the Minister of Health and Welfare, from among appropriate public officials and persons who have abundant knowledge and experience in law or long-term care services.
  - (4) The composition and operation of the adjudication committee and other necessary matters shall be prescribed by Presidential Decree.
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### **Article 57 | Administrative Litigation**

Any person who has an objection to a disposition made by the NHIS or who is dissatisfied with a decision on an objection under Article 55 or a decision on an application for examination under Article 56 may file an administrative litigation, as prescribed by the Administrative Litigation Act.

## **CHAPTER XI SUPPLEMENTARY PROVISIONS**

### **Article 58 | State's Subsidization**

- (1) The State shall grant the NHIS an amount equivalent to 20/100 of the estimated revenue of long-term care insurance contribution each year as subsidies within budgetary limits of the pertinent year.
- (2) The State and each local government shall fully bear expenses that the NHIS shall otherwise bear for long-term care benefits to recipient of medical benefits, for the issuance of medical doctor's referral, and for the issuance of written instructions for home visit nursing (including the expenses that the NHIS shall otherwise bear as a consequence of exemption or reduction granted pursuant to the proviso to Article 40 (1) or Article 40 (3) 1) and expenses for administration and operation, as prescribed by Presidential Decree.
- (3) The amount that each local government is required to bear pursuant to paragraph (2) shall be borne by the competent Special Metropolitan City, Metropolitan City, Special Self-Governing City, Do, Special Self-Governing Province, and Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 12067, Aug. 13, 2013>
- (4) The imposition and collection of the share of expenses borne by local governments pursuant to paragraphs (2) and (3), the management of the financial resources, and other necessary matters shall be prescribed by Presidential Decree.

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### **Article 59 | Use of Electronic Documents**

- (1) All documents related to long-term care programs shall be recorded, managed, and preserved in electronic format, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 12067, Aug. 13, 2013>
- (2) The NHIS and each long-term care institution shall use electronic media or a method of exchanging electronic documents for filing an application for designation of a long-term care institution, filing claims for expenses for home care or institutional care benefits, and the payment for such claims.
- (3) Notwithstanding paragraphs (1) and (2), it does not need to use electronic documents, electronic media, or a method of exchanging electronic documents in an area specified by the Minister of Health and Welfare as an area in which conditions of an information and communications network or facilities for information and communications service are bad.

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### **Article 60 | Submission, etc. of Data**

- (1) The NHIS may, if deemed necessary for carrying out the long-term care program, such as the verification of details of long-term care benefits provided, the management and evaluation of long-term care benefits, and the calculation of long-term care insurance contribution, demand any of the following persons to submit data:
  1. The insured of a long-term care insurance, a dependent of the insured, or a recipient of medical benefits;
  2. A beneficiary or a long-term care institution.

- (2) Any person who is requested to submit data pursuant to paragraph (1) shall comply with such request in good faith.

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## Article 61 | Reporting and Inspection

- (1) The Minister of Health and Welfare or a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu may order any of the following persons to submit a report or data on remuneration, income, or any other matters specified by Ordinance of the Ministry of Health and Welfare or instruct subordinate public officials to inquire of the interested parties or inspect the relevant documents: <Amended by Act No. 12067, Aug. 13, 2013>
1. The insured of a long-term care insurance;
  2. Dependent;
  3. Recipient of medical benefits.
- (2) The Minister of Health and Welfare or a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu may order either of the following persons to submit data relevant to long-term care benefits, such as details of long-term care benefits provided or instruct subordinate public officials to inquire of the interested parties or inspect the relevant documents: <Amended by Act No. 12067, Aug. 13, 2013>
1. Long-term care institution;
  2. Recipient of long-term care benefits.
- (3) In cases of paragraph (1) or (2), public officials shall carry an identification certifying their authority and a document that states the matters specified by Ordinance of the Ministry of Health and Welfare, including the period and scope of inspection, the persons in charge of the inspection, and the relevant statutes, and present the document to interested parties. <Amended by Act No. 13647, Dec. 29, 2015>
- (4) Except as otherwise expressly provided for in this Act, provisions of the Framework Act on Administrative Investigations shall apply to the procedure for, methods, etc. of the inquiry or inspection under paragraphs (1) and (2). <Newly Inserted by Act No. 13647, Dec. 29, 2015>

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## Article 62 | Prohibition of Divulgence of Confidential Information

None of the following persons shall divulge confidential information known to him/her in the course of performing his/her duties: <Amended by Act No. 12067, Aug. 13, 2013>

1. A person who is working or has worked for a Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu, the NHIS, a need assessment committee, or a long-term care institution;
2. A person who has provided benefits related to family care benefit in cash, exceptional care benefit in cash, or nursing expenses of geriatric hospitals pursuant to any provision of Articles 24 through 26.

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## Article 63 | Hearings

When a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu intends to make any of the following dispositions or public disclosure, he/she shall hold hearings thereon: <Amended by Act No. 13647, Dec. 29, 2015>

1. The cancellation of the designation of a long-term care institution or the issuance of an order to



- suspend business pursuant to Article 37 (1);
2. The issuance of an order to close down a long-term care institution for home care or to suspend business of such an institution pursuant to Article 37 (3);
  3. The disclosure of violations or such to the public pursuant to Article 37-3;
  4. Restriction on the provision of long-term care benefits pursuant to Article 37-5 (1).

[This Article Wholly Amended by Act No. 12067, Aug. 13, 2013]

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### **Article 64 | Application Mutatis Mutandis to Prescription, etc.**

@Articles 91, 92, 96, 103, 104, 107, 111 and 112 of the National Health Insurance Act shall apply mutatis mutandis to the prescription, the calculation of a period, the supply of data, the supervision over the NHIS and others, the delegation or entrustment of authority, the entrustment of business affairs, the disposal of a fractional number, and other matters. In such cases, the term "insurance contribution" shall be construed as "long-term care insurance contribution," the term "insurance benefits" as "long-term care benefits," the term "care institution" as "long-term care institution," and the term "health insurance program" as "long-term care program." <Amended by Act No. 11141, Dec. 31, 2011>

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### **Article 65 | Prohibition of Legal Fiction as Income or Similar under other Acts**

Money, etc. paid in cash as long-term care benefits under this Act shall not be construed as income or property under subparagraphs 8 and 9 of Article 2 of the National Basic Living Security Act.

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### **Article 66 | Protection of Beneficiary Rights**

- (1) A right to receive long-term care benefits shall not be transferred, seized, or offered as security to or by someone else. <Amended by Act No. 14321, Dec. 2, 2016>
- (2) Claim on deposit of an account for receipt of care allowance for special cases under Article 27-2 (1) shall not be seized. <Newly Inserted by Act No. 14321, Dec. 2, 2016>

## **CHAPTER XII PENALTY PROVISIONS**

### **Article 67 | Penalty Provisions**

- (1) Any of the following persons shall be punished by imprisonment with labor for not more than two years or by a fine not exceeding 20 million won:
1. A person who establishes and operates a long-term care institution without being designated, in violation of Article 31, or obtains designation of a long-term care institution by fraud or other unjust means;
  2. A person who establishes and operates a long-term care institution for home care without filing a report thereon, in violation of Article 32, or files such report by fraud or other unjust means;
  3. A person who exempts or abates a beneficiary's co-payment, in violation of Article 35 (5);
  4. A person who is involved in the introduction, referral, or solicitation of a beneficiary or instigates another person to commit such an act, in violation of Article 35 (6);
  5. A person who divulges confidential information known to him/her in the course of performing his/her duties, in violation of Article 62.
- (2) Either of the following persons shall be punished by imprisonment with labor for not more than one year or by a fine not exceeding ten million won: <Amended by Act No. 13647, Dec. 29, 2015>
1. A person who refuses to provide a long-term care benefit without a justifiable ground, in violation of Article 35 (1);
  2. A person who receives, or aids and abets another person to receive, a long-term care benefit by fraud or other unjust means;
  3. A person who does not take measures for protecting rights and interests under Article 36 (2), without good cause.

[This Article Wholly Amended by Act No. 12067, Aug. 13, 2013]

### **Article 68 | Joint Penalty Provisions**

If the representative of a corporation or an agent or employee of or other persons employed by the corporation, or an individual commits an offence referred to in Article 67 in connection with the business of the corporation or the individual, not only shall such offender be punished, but also the corporation or the individual shall be punished by a fine under the same Articles: Provided, That the same shall not apply where such corporation or individual has not been negligent in paying due attention and supervision in connection with the relevant duties to prevent such offence. <Amended by Act No. 10127, Mar. 17, 2010>

### **Article 69 | Administrative Fines**

- (1) Any of the following persons who do not have justifiable grounds shall be subject to an administrative fine of not more than five million won: <Amended by Act No. 10127, Mar. 17, 2010; Act No. 12067, Aug. 13, 2013; Act No. 13647, Dec. 29, 2015>
1. Deleted; <by Act No. 12067, Aug. 13, 2013>
  2. A person who fails to file a report, or files such report by fraud or other unjust means, in violation of Article 33;

- 2-2. A person who fails to publish information about a long-term care institution, or falsely publishes information, in violation of Article 34;
  - 2-3. A person who fails to issue a statement of expenses for long-term care benefits to a beneficiary, or falsely issues a statement, in violation of Article 35 (3);
  - 3. A person who fails to keep and manage records of the provision of long-term care benefits or falsely makes records thereof, in violation of Article 35 (4);
  - 4. A person who fails to report closure or suspension of business or fails to transfer data, or files such report by fraud or other unjust means, in violation of Article 36 (1) or (5);
  - 4-2. A person who fails to inform a transferee, etc. without delay that an administrative disposition was imposed upon him/her or proceedings for an administrative disposition are pending, in violation of Article 37-4 (4);
  - 5. Deleted; <by Act No. 12067, Aug. 13, 2013>
  - 6. A person who makes a beneficiary bear expenses for long-term care benefits by fraud or other unjust means;
  - 7. A person who fails to comply with a demand or order to submit a report or data under Article 60 or 61 or falsely submitted such report or data, or a person who refuses, interferes with, or evades an inquiry or inspection or falsely respond to an inquiry or inspection;
  - 8. A person who takes part in filing a claim for expenses for long-term care benefits by fraud or other unjust means.
- (2) Administrative fines under paragraph (1) shall be imposed and collected by the competent Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of the competent Si/Gun/Gu, as prescribed by Presidential Decree. <Newly Inserted by Act No. 12067, Aug. 13, 2013>

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**Article 70 | Deleted.** <by Act No. 12067, Aug. 13, 2013>

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## **ADDENDA**

### **Article 1 | Enforcement Date**

This Act shall enter into force on July 1, 2008: Provided, That Chapter I (Articles 1 through 6), Chapter III (Articles 12 through 22), provisions governing long-term care workers of Article 23 (2), Chapter VI (Articles 31 through 37), Chapter VIII (Articles 45 through 47), Chapter IX (excluding Article 54), Chapter X (Articles 55 through 57), Chapter XI (excluding Article 58), and Chapter XII (Articles 67 through 70) shall enter into force on October 1, 2007.

### **Article 2 | Preparatory Actions for Enforcement of this Act**

- (1) The Minister for Health, Welfare and Family Affairs and the NHIS may take preparatory action as necessary for the enforcement of this Act from the date of its promulgation onwards.
- (2) The Minister for Health, Welfare and Family Affairs or the NHIS may request the State, local governments, a legal entity that provides social security services pursuant to any other statutes, or an organization that provides long-term care services to submit data necessary for the preparation for the enforcement of this Act.

- (3) Any person in receipt of a request to submit data pursuant to paragraph (2) shall comply with such request in good faith.

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### **Article 3 | Special Cases concerning Model Program**

- (1) The Minister for Health, Welfare and Family Affairs may implement a model program before this Act enters into force to smoothly promote the long-term care program.
- (2) The Minister for Health, Welfare and Family Affairs may impose and collect long-term care insurance contribution when he/she implements the model program under paragraph (1).
- (3) The Minister for Health, Welfare and Family Affairs, each local government, and the NHIS may provide administrative and financial support to the model program under paragraphs (1) and (2).
- (4) The selection of an area for the model program under paragraph (1), procedures for, and method of, the imposition and collection of long-term care insurance contribution under paragraph (2), and other necessary matters concerning the implementation of the model program shall be prescribed by the Minister for Health, Welfare and Family Affairs.

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### **ADDENDA <Act No. 9386, Jan. 30, 2009>**

#### **Article 1 | Enforcement Date**

This Act shall enter into force one year after the date of its promulgation. (Proviso Omitted.)

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#### **Articles 2 through 7 | Omitted.**

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### **ADDENDUM <Act No. 9510, Mar. 18, 2009>**

This Act shall enter into force six months after the date of its promulgation.

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### **ADDENDUM <Act No. 9693, May 21, 2009>**

This Act shall enter into force on the date of its promulgation.

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### **ADDENDA <Act No. 9932, Jan. 18, 2010>**

#### **Article 1 | Enforcement Date**

This Act shall enter into force two months after the date of its promulgation. (Proviso Omitted.)

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#### **Articles 2 through 5 | Omitted.**

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### **ADDENDA <Act No. 10127, Mar. 17, 2010>**

- (1) (Enforcement Date)

This Act shall enter into force on the date of its promulgation: Provided, That the parts that cite the

provisions of Articles 35 (4) and 36 (5) in the amended provisions of Articles 35, 36 and 69 shall enter into force six months after the date of its promulgation.

(2) **Transitional Measures concerning Administrative Fines**

Former provisions shall apply to the application of administrative fines to acts conducted before this Act enters into force.

**ADDENDA <Act No. 10785, Jun. 7, 2011>**

**Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation.

**Articles 2 through 4 | Omitted.**

**ADDENDA <Act No. 11141, Dec. 31, 2011>**

**Article 1 | Enforcement Date**

This Act shall enter into force on Sep. 1, 2012. (Proviso Omitted.)

**Articles 2 through 22 | Omitted.**

**ADDENDA <Act No. 12067, Aug. 13, 2013>**

**Article 1 | Enforcement Date**

This Act shall enter into force six months after the date of its promulgation.

**Article 2 | Applicability to Penalty Surcharges**

The amended provisions of Article 37-2 shall apply to a violation committed on or after the day this Act enters into force.

**Article 3 | Applicability to Disclosure of Violations, etc.**

The amended provisions of Article 37-3 shall apply to a violation committed on or after the day this Act enters into force.

**Article 4 | Applicability to Succession to Effects of Administrative Dispositions**

The amended provisions of Article 37-4 shall apply to a disposition imposed for a violation committed on or after the day this Act enters into force.

**Article 5 | Transitional Measures concerning Administrative Dispositions, etc.**

Notwithstanding the amended provisions of Article 37, the imposition of administrative dispositions for a violation committed before this Act enters into force and the restriction on designation or reporting on the ground of such violation shall be governed by former provisions.

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### **Article 6 | Transitional Measures concerning Penalty Provisions and Administrative Fines**

Violations committed before this Act enters into force shall be governed by former penalty provisions and former provisions regarding administrative fines.

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### **ADDENDA <Act No. 13647, Dec. 29, 2015>**

#### **Article 1 | Enforcement Date**

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 36, 37 (5), 61, and 67 (2) 3 shall enter into force six months after the date of the promulgation of this Act, and the amended provisions of Articles 40 (1) and 43 (1) 3 shall enter into force on January 1, 2016.

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#### **Article 2 | Applicability to Disqualifications and Transitional Measures concerning Incompetent Persons, etc.**

- (1) The amended provisions of Article 32-2 shall begin to apply to the first persons who apply for the designation of a long-term care institution or reports the establishment of a long-term care institution after this Act enters into force.
- (2) The person under adult guardianship or under the limited guardianship pursuant to the amended provisions of subparagraph 1 of Article 32-2 are deemed to include the persons as to whom the declaration of incompetence or quasi-incompetence remains valid pursuant to Article 2 of the Addenda to the partial amendment (Act No. 10429) to the Civil Act.

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#### **Article 3 | Applicability to Measures for Protecting Rights and Interests of Beneficiaries**

The amended provisions of Articles 36 (2) and (3) and 37 (5) shall begin to apply to the cases where business operations of an institution are closed or suspended, the designation of an institution is canceled, an institution is closed down, or its business operations are suspended after this Act enters into force.

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#### **Article 4 | Applicability to Restriction on Provision of Long-Term Care Benefits and Administrative Fines**

The amended provisions of Articles 37-5 (1) and 69 (1) 8 shall begin to apply to the cases where a person takes part in a fraudulent act after this Act enters into force.

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#### **Article 5 | Transitional Measures concerning Administrative Disposition for Disqualifications**

Notwithstanding the amended provisions of Article 37 (1) 2-2 and (3) 2-2, former provisions shall apply where a person who establishes and operates a long-term care institution at the time this Act enters into force become subject to the amended provisions of Article 37 (1) 2-2 or (3) 2-2 due to an event that took place before this Act enters into force as long as the person operates the long-term care institution.

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### **Article 6 | Transitional Measures concerning Restriction on Designation or Reporting**

Notwithstanding the amended provisions of Articles 37 (6) and 37-4, former provisions shall apply to the restriction on the designation or reporting of a long-term care institution on the ground of a violation committed before this Act enters into force and the transfer of the effects of administrative dispositions.

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### **ADDENDA <Act No. 14215, May 29, 2016>**

#### **Article 1 | Enforcement Date**

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 4 (5), 6 (1), and 54 (2) shall enter into force on the date of its promulgation, and the amended provisions of Article 47-2 shall enter into force six months after the date of its promulgation.

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#### **Article 2 | Transitional Measures concerning Master Plan for Long-Term Care**

The master plan for long-term care formulated and implemented at the time this Act enters into force shall be deemed to have been formulated in accordance with the amended provisions of Article 6 (1).

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#### **Article 3 | Transitional Measures concerning Administrative Dispositions**

Former provisions shall apply where an administrative disposition is made as to an act committed before this Act enters into force.

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### **ADDENDUM <Act No. 14321, Dec. 2, 2016>**

This Act shall enter into force six months after the date of its promulgation.





**ENFORCEMENT**  
**DECREE OF THE NATIONAL**  
**HEALTH INSURANCE ACT**



# ENFORCEMENT DECREE OF THE ACT ON LONG-TERM CARE INSURANCE FOR OLDER PERSONS

*Presidential Decree No. 20287, Sep. 27, 2007*  
*Amended by Presidential Decree No. 20679, Feb. 29, 2008*  
*Presidential Decree No. 20814, Jun. 11, 2008*  
*Presidential Decree No. 21225, Dec. 31, 2008*  
*Presidential Decree No. 21619, Jul. 7, 2009*  
*Presidential Decree No. 21924, Dec. 30, 2009*  
*Presidential Decree No. 22001, Jan. 26, 2010*  
*Presidential Decree No. 22075, Mar. 15, 2010*  
*Presidential Decree No. 22564, Dec. 29, 2010*  
*Presidential Decree No. 22906, Apr. 22, 2011*  
*Presidential Decree No. 23125, Sep. 6, 2011*  
*Presidential Decree No. 23264, Oct. 26, 2011*  
*Presidential Decree No. 23488, Jan. 6, 2012*  
*Presidential Decree No. 23867, Jun. 21, 2012*  
*Presidential Decree No. 24077, Aug. 31, 2012*  
*Presidential Decree No. 24565, May 31, 2013*  
*Presidential Decree No. 25050, Dec. 30, 2013*  
*Presidential Decree No. 25163, Feb. 11, 2014*  
*Presidential Decree No. 25401, Jun. 25, 2014*  
*Presidential Decree No. 26805, Dec. 30, 2015*  
*Presidential Decree No. 26844, Dec. 31, 2015*  
*Presidential Decree No. 27575, Nov. 8, 2016*

## Article 1 | Purpose

The purpose of this Decree is to provide for matters delegated by the Act on Long-Term Care Insurance for Older Persons and matters necessary for the enforcement thereof.

## Article 2 | Geriatric Diseases

"A geriatric disease specified by Presidential Decree" referred to in subparagraph 1 of Article 2 of the Act on Long-Term Care Insurance for Older Persons (hereinafter referred to as the "Act") means a disease listed in attached Table 1.

## Article 3 | Master Plans for Long-Term Care

Matters to be included in a master plan for long-term care pursuant to Article 6 (1) 3 of the Act are as follows:

1. A scheme for improving the level of long-term care benefits;
2. A plan for providing services for preventing geriatric diseases;
3. Other matters necessary to provide long-term care benefits to older persons, etc.

## Article 3-2 | Scope of Foreigners

"Foreigners specified by Presidential Decree, such foreign workers, etc. as defined in the Act on the Employment, etc. of Foreign Workers" in Article 7 (4) of the Act refers to the following persons: <Amended by Presidential Decree No. 24077, Aug. 31, 2012>

1. A foreign worker as defined in the Act on the Employment, etc. of Foreign Workers and insured as the employee insured pursuant to Article 109 (2) of the National Health Insurance Act;
2. A foreigner taking a training course provided by a designated industrial entity with entitlement to sojourn for industrial training activities pursuant to Article 10 of the Immigration Act and insured as the employee insured pursuant to Article 109 (2) of the National Health Insurance Act.

[This Article Newly Inserted by Presidential Decree No. 21619, Jul. 7, 2009]

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## Article 4 | Long-Term Care Insurance Contribution Rate

The long-term care insurance contribution rate referred to in Article 9 (1) of the Act shall be 655/10,000. <Amended by Presidential Decree No. 21225, Dec. 31, 2008; Presidential Decree No. 21924, Dec. 30, 2009>

[This Article Newly Inserted by Presidential Decree No. 20814, Jun. 11, 2008]

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## Article 5 | Reduction of Long-Term Care Insurance Contribution Rate for Persons with Disabilities, etc.

(1) "Person specified by Presidential Decree" in Article 10 of the Act means any of the following persons: <Amended by Presidential Decree No. 22075, Mar. 15, 2010>

1. A person of disability rating I or II registered pursuant to Article 32 of the Act on Welfare of Persons with Disabilities;
2. A person who suffers from a rare, incurable disease specified and publicly notified by the Minister of Health and Welfare.

(2) If a person with disabilities, etc. is the insured of a long-term care insurance or one of dependants of the insured of a long-term care insurance, but has not been determined as a beneficiary, the National Health Insurance Service under the National Health Insurance Act (hereinafter referred to as the "NHIS") shall verify whether the person falls under any subparagraph of paragraph (1) and shall reduce his/her long-term care insurance contributions by 30/100 pursuant to Article 10 of the Act. If it is impractical for the NHIS to verify such eligibility, the NHIS shall reduce the contributions upon receipt of an application from the relevant insured of the long-term care insurance or a dependant of the relevant insured for reducing the contributions.

(3) Specific methods, etc. of reducing long-term care contributions pursuant to paragraph (2) shall be determined and publicly notified by the Minister of Health and Welfare. <Amended by Presidential Decree No. 22075, Mar. 15, 2010>

[This Article Newly Inserted by Presidential Decree No. 20814, Jun. 11, 2008]

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## Article 6 | Persons Exempt from Submitting Medical Doctor's Referral

Persons who file an application for approval for long-term care, but are exempt from submitting a

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medical doctor's referral are as follows: <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 20814, Jun. 11, 2008; Presidential Decree No. 22075, Mar. 15, 2010>

1. A person determined by an employee of the NHIS, as a result of an investigation conducted pursuant to Article 14 (1) of the Act according to the guidelines prescribed by Ordinance of the Ministry of Health and Welfare, as a person whose mental or physical condition or mobility is severely impaired;
2. A person who resides on an island or a remote area specified and publicly notified by the Minister of Health and Welfare.

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## **Article 7 | Standards for Need Assessment, etc.**

(1) The standards for need assessment referred to in Article 15 (2) of the Act shall be as follows: <Amended by Presidential Decree No. 23867, Jun. 21, 2012; Presidential Decree No. 24565, May 31, 2013; Presidential Decree No. 25401, Jun. 25, 2014>

1. Long-term care Rating-I: A person who needs another person's help entirely for his/her daily life due to any mental or physical disorder and scores at least 95 points for approval for long-term care;
2. Long-term care Rating-II: A person who needs another person's help substantially for his/her daily life due to any mental or physical disorder and scores at least 75, but less than 95 points for approval for long-term care;
3. Long-term care Rating-III: A person who needs another person's help partially for his/her daily life due to any mental or physical disorder and scores at least 60, but less than 75 points for approval for long-term care;
4. Long-term care Rating-IV: A person who needs another person's help for his/her daily life to a certain extent due to any mental or physical disorder, and scores at least 51, but less than 60 points for approval for long-term care;
5. Long-term care Rating-V: A dementia patient (limited to dementia falling under the category of geriatric disease under Article 2), and scores at least 45, but less than 51 points for approval for long-term care.

(2) Points for approval for long-term care under paragraph (1) shall be determined by measuring the level of reduced mental or physical functions determined and publicly notified by the Minister of Health and Welfare. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>

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## **Article 8 | Effective Period of Approval for Long-Term Care**

(1) The effective period of approval for long-term care granted under Article 19 (1) of the Act shall be one year: Provided, That where a person is determined as a patient with a rating identical to the preceding one after approval for long-term care under Article 20 of the Act is renewed, the effective period of the renewed approval for long-term care shall be as follows: <Amended by Presidential Decree No. 24565, May 31, 2013; Presidential Decree No. 25401, Jun. 25, 2014; Presidential Decree No. 27575, Nov. 8, 2016>

1. In cases of long-term care Rating I: Four years;
2. In cases of long-term care Rating II through IV: Three years;
3. In cases of long-term care Rating V: Two years.

(2) Notwithstanding paragraph (1), the need assessment committee for long-term care under Article 52 (hereinafter referred to as the "need assessment committee") may extend or reduce the effective period of approval for long-term care by not more than six months, considering each applicant's mental and physical conditions, etc.: Provided, That the effective period of approval for long-term care even in such cases shall be at least one year. <Amended by Presidential Decree No. 27575, Nov. 8, 2016>

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## **Article 9 | Other Benefit for Home Care Service**

"Other benefits for home care service" in Article 23 (1) 1 (f) of the Act means devices determined and publicly notified by the Minister of Health and Welfare and provided or rented as those necessary for assisting beneficiaries in their daily lives or physical activities and for maintaining and improving their cognitive functions. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010; Presidential Decree No. 27575, Nov. 8, 2016>

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## **Article 10 | Types of, and Standards for, Long-Term Care Institutions**

The types of, and the standards for, long-term care institutions eligible for providing long-term care benefits pursuant to Article 23 (2) of the Act are as follows:

1. A long-term care institution eligible for providing benefit for home care service:
    - (a) A long-term care institution designated pursuant to Article 31 of the Act as a welfare facility for providing home care service to the older persons as defined in Article 38 of the Welfare of the Older Persons Act;
    - (b) A long-term care institution for home care established pursuant to Article 32 of the Act;
  2. A long-term care institution eligible for providing institutional care benefits:
    - (a) A long-term care institution designated under Article 31 of the Act as a sanatorium for the older persons as defined in Article 34 (1) 1 of the Welfare of the Older Persons Act;
    - (b) A long-term care institution designated under Article 31 of the Act as a medical treatment and communal living home for the older persons as defined in Article 34 (1) 2 of the Welfare of the Older Persons Act.
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## **Article 11 | Scope of Long-Term Care Workers for Each Type of Long-Term Care Benefit**

- (1) The scope of long-term care workers for each type of long-term care benefit under Article 23 (2) of the Act shall be as follows: <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 20814, Jun. 11, 2008; Presidential Decree No. 21924, Dec. 30, 2009; Presidential Decree No. 22075, Mar. 15, 2010; Presidential Decree No. 26805, Dec. 30, 2015>
1. In order for a person to become a long-term care worker who provides home visit care services as defined in Article 23 (1) 1 (a) of the Act to be provided as benefit for home care service, the person shall be qualified for a caregiver under Article 39-2 of the Welfare of Older Persons Act;
  2. In order for a person to become a long-term care worker who provides home visit bathing services as defined in Article 23 (1) 1 (b) of the Act to be provided as benefit for home care service, the person shall be qualified for a caregiver under Article 39-2 of the Welfare of Older Persons Act;
  3. In order to become a long-term care worker who provides home visit nursing services as
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defined in Article 23 (1) 1 (c) of the Act to be provided as benefit for home care service, a person shall be any of the following persons:

- (a) A registered nurse as defined in Article 2 of the Medical Service Act, with at least two years' work experience as a registered nurse;
  - (b) A nursing assistant as defined in Article 80 of the Medical Service Act, with at least three years' work experience as a nursing assistant, who has finished a specified educational course in an education institution designated by the Minister of Health and Welfare;
  - (c) A dental hygienist as defined in Article 2 of the Medical Technicians, etc. Act (limited to cases where dental hygiene services are provided).
- (2) Standards and procedure for the designation of education institutions under paragraph (1) 3 (b) and matters necessary for education by such institutions shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Presidential Decree No. 21924, Dec. 30, 2009; Presidential Decree No. 22075, Mar. 15, 2010>

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## **Article 12 | Guidelines for Reimbursement for Family Care Benefit in Cash**

- (1) The amount of family care benefit in cash pursuant to Article 24 (1) of the Act shall be determined and publicly notified by the Minister of Health and Welfare, after deliberation by the Long-Term Care Committee under Article 45 of the Act, taking into consideration the level of use of benefit for home care service. <Amended by Presidential Decree No. 22075, Mar. 15, 2010>
- (2) "Ground specified by Presidential Decree, such as physical or mental condition or character" in Article 24 (1) 3 of the Act means any of the following cases: <Amended by Presidential Decree No. 22564, Dec. 29, 2010>
1. Where a patient infected with a disease defined in the Infectious Disease Control and Prevention Act is likely to infect other persons;
  2. Where a person with disabilities registered pursuant to Article 32 of the Act on Welfare of Persons with Disabilities is a person with mental disorder specified in attached Table 1 of the Enforcement Decree of the aforesaid Act;
  3. Where a person avoids contact with people due to physical disfigurement or any other reason.

[This Article Newly Inserted by Presidential Decree No. 20814, Jun. 11, 2008]

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## **Article 13 | Cases Where Long-Term Care Benefits May Be Provided Immediately upon Receipt of Application for Approval for Long-Term Care**

- (1) "If a beneficiary has no family member who can take care of him/her or if any reason specified by Presidential Decree exists" in Article 27 (2) of the Act means any of the following cases:
1. When no family member lives with a beneficiary;
  2. When no family member lives with a beneficiary other than a minor or an older person of at least 65 years of age.
- (2) The scope of long-term care benefits that may be provided pursuant to Article 27 (2) or (3) of the Act shall be limited to home care or institutional care benefits.
- (3) A beneficiary who intends to receive long-term care benefits from the date on which he/she files

an application for approval for long-term care on a ground specified in paragraph (1) shall file an application with the NHIS, along with evidentiary documents, and the NHIS shall verify the application and notify the applicant of its determination thereof without delay.

- (4) Matters regarding the application for long-term care benefits pursuant to paragraph (3) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Presidential Decree No. 22075, Mar. 15, 2010>

[This Article Newly Inserted by Presidential Decree No. 20814, Jun. 11, 2008]

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## **Article 14 | Criteria for Designation of Long-Term Care Institutions**

If a Special Self-Governing City Mayor, a Special Self-Governing Province Governor, or the head of a Si/Gun/Gu (a Gu means an autonomous Gu; the same shall apply hereinafter) intends to designate a long-term care institution pursuant to Article 31 of the Act, he/she shall designate an institution equipped with facilities and human resources under Article 31 (2) of the Act, from among welfare institutions for older persons under Article 31 of the Welfare of Older Persons Act. <Amended by Presidential Decree No. 25163, Feb. 11, 2014; Presidential Decree No. 27575, Nov. 8, 2016>

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## **Article 15 | Criteria for Imposition of Penalty Surcharges**

Kinds of offenses on which penalty surcharges are to be imposed pursuant to Article 37-2 (1) and (2) of the Act and the amounts of penalty surcharges according to the severity of offenses, etc. shall be as specified in attached Table 2.

[This Article Wholly Amended by Presidential Decree No. 25163, Feb. 11, 2014]

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## **Article 15-2 | Imposition and Payment of Penalty Surcharges**

- (1) Where a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu intends to impose a penalty surcharge on a person pursuant to Article 37-2 of the Act, he/she shall notify in writing to pay such penalty surcharge to such person, stating the kind of the relevant offense, the amount of the penalty surcharge, etc.
- (2) A person in receipt of notice given under paragraph (1) shall pay a penalty surcharge to a collecting agency designated by a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu within 20 days from after receipt of the notice: Provided, That where he/she cannot pay the penalty surcharge within that period due to natural disaster or other unavoidable circumstances, he/she shall pay the penalty surcharge within seven days from the date such circumstances disappear.
- (3) A collecting agency which receives a penalty surcharge pursuant to paragraph (2) shall issue a receipt to a payer of such penalty surcharge and immediately notify a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu of the receipt of the penalty surcharge.

[This Article Newly Inserted by Presidential Decree No. 25163, Feb. 11, 2014]

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## **Article 15-3 | Announcement of Information**

"Information prescribed by Presidential Decree" in Article 37-3 (1) of the Act means the following items:



1. Types of long-term care institutions and long-term care benefits;
2. Date of designation or establishment of a long-term care institution;
3. Gender of the head of a long-term care institution;
4. Name of a person responsible for the management of a long-term care institution (where a long-term care institution is a medical and welfare facility for older persons under the Welfare of the Older Persons Act, referring to the head of such facility).

[This Article Newly Inserted by Presidential Decree No. 25163, Feb. 11, 2014]

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#### **Article 15-4 | Determination on Public Announcements, and Procedures for, and Methods of Making Public Announcements**

- (1) Where a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu intends to make a public announcement under Article 37-3 (1) of the Act, he/she shall notify in writing a long-term care institution falling under the aforesaid paragraph (hereinafter referred to as "long-term care institution subject to public announcement") of the fact that it is a long-term care institution subject to public announcement and details of public announcement. In such cases, where he/she has established a public announcement deliberative committee (hereinafter referred to as "public announcement deliberative committee") pursuant to Article 37-3 (2) of the Act, he/she shall notify it following deliberation by the public announcement deliberative committee.
- (2) A Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall determine whether to make a public announcement under Article 37-3 (1) after holding hearings pursuant to Article 37-3 (2) of the Act on the head of a long-term care institution subject to public announcement who has received notice pursuant to paragraph (1):
  1. Where the head of a long-term care institution subject to public announcement attends a hearing: A Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall determine whether to make a public announcement in consideration of the result of the hearing: Provided, That when he/she has undergone deliberation by the public announcement deliberative committee pursuant to the latter part of paragraph (1), a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall determine whether to make a public announcement following review by the public announcement deliberative committee on the result of the hearing;
  2. Where the head of a long-term care institution subject to public announcement fails to attend a hearing: A Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall determine that he/she will make a public announcement as he/she has notified pursuant to paragraph (1).
- (3) Where a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu makes a public announcement of an offense, etc. pursuant to Article 37-3 (1) of the Act, he/she shall make the public announcement thereof on the website of the relevant Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu (referring to the relevant autonomous Gu; hereinafter the same shall apply) and may make an additional public announcement on the information disclosure system under Article 6 of the Official Information Disclosure Act or on the website of the NHIS.

- (4) Where a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu deems additional public announcements necessary, such as in cases where an offense subject to public announcement is grave or offenses subject to public announcement are repeated, he/she may make a public announcement in a newspaper under the Act on the Promotion of Newspapers, Etc. or through a broadcast network under the Broadcasting Act, in addition to public announcements pursuant to paragraph (3), during the period prescribed by the aforesaid paragraph.
- (5) Where a report on alteration under Article 33 of the Act is made regarding details of a public announcement during the period for making a public announcement under paragraph (3), the Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu shall ensure that such alteration shall be reflected in public announcement under paragraph (3) without delay.
- (6) Except as otherwise expressly provided for in paragraphs (1) through (5), matters necessary for procedures for and methods of making public announcements, alteration of details of public announcement, etc. shall be prescribed by a Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu.

[This Article Newly Inserted by Presidential Decree No. 25163, Feb. 11, 2014]

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## **Article 15-5 | Organization, Operation, etc. of Public Announcement Deliberative Committee**

- (1) A public announcement deliberative committee shall be comprised of five members, including one chairperson.
- (2) Members of a public announcement deliberative committee shall be persons appointed or commissioned by the Special Self-Governing City Mayor, Special Self-Governing Province Governor, or the head of a Si/Gun/Gu in consideration of gender from among the following persons:
1. One person recommended by a civic group (referring to a non-profit, non-governmental organization defined in Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act);
  2. One legal professional, such as an attorney-at-law or professor specialized in law;
  3. One person who has extensive practical experience in welfare of older persons or long-term care;
  4. One public official equal to or higher than Grade IV belonging to a Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu;
  5. One person recommended by the NHIS for each region under its jurisdiction from among its employees.
- (3) The chairperson shall be elected by a public announcement deliberative committee from among the members referred to in the subparagraphs of paragraph (2).
- (4) The terms of office of members who are not members under paragraph (2) 4 and 5 shall be two years.
- (5) The chairperson shall represent the public announcement deliberative committee and preside over the affairs thereof.
- (6) Where the chairperson of a public announcement deliberative committee is unable to perform

his/her duties due to unavoidable circumstances, a member designated in advance by the chairperson shall act on his/her behalf.

- (7) A public announcement deliberative committee shall hold meetings with a majority of all incumbent members present, and pass resolutions with the consent of those present.
- (8) Actual expenses, such as travel expenses, may be reimbursed to members who attend a meeting, as prescribed by Ordinance of the relevant Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu: Provided, That the foregoing shall not apply where a public-official member attends a meeting in direct relation to his/her duties.
- (9) Except as otherwise expressly provided for in paragraphs (1) through (8), matters necessary for the organization, operation, etc. of a public announcement deliberative committee shall be prescribed by Ordinance of the relevant Special Self-Governing City, Special Self-Governing Province, or Si/Gun/Gu.

[This Article Newly Inserted by Presidential Decree No. 25163, Feb. 11, 2014]

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### **Article 15-6 | Exclusion, Challenge, or Avoidance of Members of Public Announcement Deliberative Committee**

- (1) In any of the following cases, a member of the public announcement deliberative committee shall be excluded from proceedings of deliberation and resolution on the relevant case on the agenda:
  1. If the committee member or the person who is or was the spouse of the committee member is a party to the case on the agenda (including executive officers of the party, if the party is a corporation or organization; the same shall apply hereinafter) or a joint right-holder or joint obligor with a party to the case on the agenda;
  2. If the committee member is or was a relative of a party to the case on the agenda;
  3. If the committee member has made a testimony or a statement, provided advise or research service or any other service, or served as an appraiser for the case on the agenda;
  4. If the committee member or the corporation to which the committee member belongs is or was the representative of a party to the case on the agenda.
- (2) If a party to the case has a ground to exclude a committee member under any subparagraph of paragraph (1) or has reason to believe that the party can hardly expect impartiality from the committee member in deliberation and resolution, the party may file a challenge against the committee member with the public announcement deliberative committee, and the public announcement deliberative committee shall make a decision thereon by resolution. In such cases, the committee member against whom the challenge is filed shall not participate in the resolution proceeding.
- (3) If a committee member falls under any of the exclusion cases referred to in paragraph (1), he/she shall voluntarily avoid participating in proceedings of deliberation and resolution on the relevant case on the agenda.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 15-7 | Removal or Dismissal of Members of Public Announcement Deliberative Committee**

In any of the following cases, a Special Self-Governing City Mayor, Special Self-Governing Province

Governor, or the head of a Si/Gun/Gu may remove or dismiss a member of the public announcement deliberative committee from office:

1. If a committee member is unable to perform his/her duties due to a mental disorder;
2. If a committee member is found to have committed a misdeed in connection with his/her duties;
3. If a committee member is found incompetent for the office of a committee member by reason of dereliction of duty, injury to dignity, or on any other ground;
4. If a committee member does not voluntarily avoid participating in proceedings, although he/she falls under the case specified in any subparagraph of Article 15-6 (1);
5. If a committee member voluntarily manifests that he/she has difficulties in performing his/her duties.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 16 | Matters Subject to Deliberation by Long-Term Care Committee**

"Essential matters specified by Presidential Decree" in subparagraph 4 of Article 45 of the Act are as follows: <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010; Presidential Decree No. 27575, Nov. 8, 2016>

1. Guidelines for fees for issuing a medical doctor's referral;
2. Guidelines for fees for issuing a written instruction for home visit nursing;
3. Determination of the monthly maximum amount under Article 28 of the Act;
4. Other matters submitted to the Committee by the Minister of Health and Welfare for deliberation with respect to long-term care benefits.

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### **Article 17 | Public Officials Appointed to Committee Members**

"Public officials, each of whom belongs to an appropriate central administrative agency specified by Presidential Decree and is a member of the Senior Civil Service Corp" in Article 46 (2) 3 of the Act refers to persons appointed by the head of the agency to which each of them belongs, from among public officials who belong to the Ministry of Strategy and Finance or the Ministry of Health and Welfare and who are members of the Senior Civil Service Corp. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>

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### **Article 17-2 | Removal or Dismissal of Members of Long-Term Care Committee**

In any of the following cases, the Minister of Health and Welfare may remove or dismiss a member of the Long-Term Care Committee under Article 45 of the Act (hereinafter referred to as the "Long-Term Care Committee") from office: <Amended by Presidential Decree No. 27575, Nov. 8, 2016>

1. If a committee member is unable to perform his/her duties due to a mental disorder;
2. If a committee member is found to have committed a misdeed in connection with his/her duties;
3. If a committee member is found incompetent for the office of a committee member by reason of dereliction of duty, injury to dignity, or on any other ground;
4. If a committee member voluntarily manifests that he/she has difficulties in performing his/her duties.

[This Article Newly Inserted by Presidential Decree No. 26844, Dec. 31, 2015]

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### **Article 18 | Operation of Long-Term Care Committee**

(1) The chairperson of the Long-Term Care Committee under Article 46 of the Act shall represent the

Long-Term Care Committee and have overall control of the Committee's affairs.

- (2) The vice chairperson shall assist the chairperson and act on his/her behalf if the chairperson is unable to perform his/her duties due to extenuating circumstances.
- (3) Members who attend a meeting of the Long-Term Care Committee may be reimbursed for allowances, travel expenses, and other expenses incurred within budgetary limits: Provided, That the foregoing shall not apply where a public official member who attends a meeting in direct connection with any affair assigned to him/her.
- (4) Except as otherwise provided for in this Decree, matters necessary for the operation of the Long-Term Care Committee shall be determined by the chairperson, subject to resolution by the Committee.

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### **Article 18-2 | Services of Support Centers for Long-Term Care Workers**

"Matters specified by Presidential Decree" in Article 47-2 (2) 4 of the Act means the following matters:

1. Provision of information about job opportunities for long-term care workers and counseling on jobs;
2. Programs for improving social awareness of long-term care workers;
3. Other matters specified by Municipal Ordinance of each local government concerning the protection of rights of long-term care workers.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 19 | Matters to be Stipulated in Articles of Incorporation of the National Health Insurance Service**

"Other matters specified by Presidential Decree" in Article 48 (4) 4 of the Act means the number of standing directors who are wholly responsible for long-term care programs and matters regarding the organization, personnel management, remuneration, and accounting in connection with long-term care programs. <Amended by Presidential Decree No. 24565, May 31, 2013>

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### **Article 20 | Meetings, etc. of Need Assessment Committee**

- (1) The chairperson of a Need Assessment Committee shall convene a meeting and preside over the meeting. <Amended by Presidential Decree No. 27575, Nov. 8, 2016>
- (2) A Need Assessment Committee shall have one secretary to conduct its administrative affairs, who shall be appointed by the chairperson, from among the NHIS' employees.

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### **Article 21 | Subcommittees of Need Assessment Committee**

- (1) A Need Assessment Committee may establish subcommittees to conduct its affairs efficiently.
- (2) A subcommittee shall deliberate on and manage matters delegated by the Need Assessment Committee.
- (3) Matters necessary for the composition and operation of subcommittees shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>

## **Article 21-2 | Exclusion, Challenge, or Avoidance of Members of Need Assessment Committee**

- (1) In any of the following cases, a member of a Need Assessment Committee shall be excluded from proceedings of deliberation and resolution on a case on the agenda:
  1. If the committee member or the person who is or was the spouse of the committee member is a party to the case on the agenda or a joint right-holder or joint obligor with a party to the case on the agenda;
  2. If the committee member is or was a relative of a party to the case on the agenda;
  3. If the committee member has made a testimony or a statement, provided advise or research service or any other service, or served as an appraiser for the case on the agenda;
  4. If the committee member or the corporation to which the committee member belongs is or was the representative of a party to the case on the agenda.
- (2) If a party has a ground to exclude a committee member under any subparagraph of paragraph (1) or has reason to believe that the party can hardly expect impartiality from the committee member in deliberation and resolution, the party may file a challenge against the committee member with the Need Assessment Committee, and the Committee shall make a decision thereon by resolution. In such cases, the committee member against whom the challenge is filed shall not participate in the resolution proceeding.
- (3) If a committee member falls within any of the exclusion cases under paragraph (1), he/she shall voluntarily avoid participating in proceedings of deliberation and resolution on the relevant case on the agenda.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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## **Article 21-3 | Dismissal of Members of Need Assessment Committee**

- (1) In any of the following cases, the President of the NHIS may dismiss a member of the Need Assessment Committee from office:
  1. If a committee member is unable to perform his/her duties due to a mental disorder;
  2. If a committee member is found to have committed a misdeed in connection with his/her duties;
  3. If a committee member is found incompetent for the office by reason of dereliction of duty, injury to dignity, or on any other ground;
  4. If a committee member does not voluntarily avoid participating in proceedings, although he/she falls under the case specified in any subparagraph of Article 21-2 (1);
  5. If a committee member voluntarily manifests that he/she has difficulties in performing his/her duties.
- (2) A Special Self-Governing City Mayor, a Special Self-Governing Province Governor, or the head of a Si/Gun/Gu, who recommended a person as a committee member pursuant to the latter part of the main sentence of Article 52 (4) of the Act, may withdraw the recommendation in any of the cases referred to in paragraph (1).

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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## **Article 22 | Period for Making Decision on Objections**

- (1) Upon receipt of an objection raised under Article 55 (1) of the Act, the NHIS shall make a decision thereon within 60 days from the receipt of the objection: Provided, That the period for making a

decision may be extended by up to 30 days, if an inevitable event necessitates such extension.

- (2) When the NHIS extends the period for making a decision pursuant to the proviso to paragraph (1), it shall notify the person who has raised the objection of the reason for extension and the extended period.

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### **Article 23 | Composition, etc. of Long-Term Care Review Committee**

- (1) The committee for the long-term care review committee established within the NHIS pursuant to Article 55 (3) of the Act (hereinafter referred to as the "review committee") shall be comprised of not more than 50 members, including one chairperson.
- (2) The chairperson of the review committee shall be appointed by the President of the NHIS from among the NHIS' standing directors responsible for long-term care programs, while committee members shall be commissioned or appointed by the President of the NHIS from among the following persons:
1. A medical doctor, dentist, or oriental medical doctor under the Medical Service Act, or a registered nurse with at least ten years' work experience;
  2. A social worker as defined in the Social Welfare Services Act with at least ten years' work experience;
  3. An executive or employee of the NHIS, who is in charge of the long-term care insurance for older persons;
  4. Other persons who have abundant knowledge and experience relating to law or long-term care.
- (3) The term of office of a member of the review committee shall be three years but may be renewed consecutively only once: Provided, That the term of office of a committee member appointed from among employees of the NHIS shall correspond to his/her period of service as an employee.  
<Amended by Presidential Decree No. 27575, Nov. 8, 2016>

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### **Article 24 | Operation, etc. of Review Committee**

- (1) A meeting of the review committee shall be comprised of seven members in total, including the chairperson and six members designated by the chairperson whenever a meeting is held, but at least one person referred to in each subparagraph of Article 23 (2) shall be included therein.  
<Amended by Presidential Decree No. 20814, Jun. 11, 2008>
- (2) A meeting of the review committee shall be duly formed with a majority of incumbent members present and shall adopt a resolution by affirmative votes of a majority of the members present at the meeting.
- (3) The review committee shall have one secretary to conduct its administrative affairs, who shall be appointed by the chairperson from among the NHIS' employees.
- (4) Except as otherwise expressly provided for in this Decree, matters necessary for the operation of the review committee shall be determined by the chairperson, subject to resolution by the review committee.

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### **Article 24-2 | Exclusion, Challenge, or Avoidance of Members of Review Committee**

- (1) In any of the following cases, a member of the review committee shall be excluded from proceedings of deliberation and resolution on a case on the agenda:

1. If the committee member or the person who is or was the spouse of the committee member is a party to the case on the agenda or a joint right-holder or joint obligor with a party to the case on the agenda;
  2. If the committee member is or was a relative of a party to the case on the agenda;
  3. If the committee member has made a testimony or a statement, provided advise or research service and any other service, or served as an appraiser for the case on the agenda;
  4. If the committee member or the corporation to which the committee member belongs is or was the representative of a party to the case on the agenda.
- (2) If a party to the case on the agenda has a ground to exclude a committee member under any subparagraph of paragraph (1) or has reason to believe that the party can hardly expect impartiality from the committee member in deliberation and resolution, the party may file a challenge against the committee member with the review committee, and the review committee shall make a decision thereon by resolution. In such cases, the committee member against whom the challenge is filed shall not participate in the resolution proceeding.
- (3) If a committee member falls within any of the exclusion cases under paragraph (1), he/she shall voluntarily avoid participating in proceedings of deliberation and resolution on the relevant case on the agenda.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 24-3 | Dismissal of Members of Review Committee**

In any of the following cases, the President of the NHIS may dismiss a member of the review committee from office:

1. If a committee member is unable to perform his/her duties due to a mental disorder;
2. If a committee member is found to have committed irregularities in connection with his/her duties;
3. If a committee member is found incompetent for the office by reason of dereliction of duty, injury to dignity, or on any other ground;
4. If a committee member does not voluntarily avoid participating in proceedings, although he/she falls under the case specified in any subparagraph of Article 24-2 (1);
5. If a committee member voluntarily manifests that he/she has difficulties in performing his/her duties.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 25 | Composition, etc. of Long-Term Care Adjudication Committee**

- (1) The chairperson of the long-term care adjudication committee under Article 56 (1) of the Act (hereinafter referred to as the "adjudication committee") shall be appointed by the Minister of Health and Welfare from among public officials of the Ministry of Health and Welfare who are in the Senior Executive Service Corps. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>
- (2) Members of the adjudication committee shall be appointed or commissioned by the Minister of Health and Welfare from among the following persons: <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>
1. A Grade-IV or higher-ranking public official of the Ministry of Health and Welfare or a public official in the Senior Executive Service Corps;



2. A judge, public prosecutor, or licensed attorney-at-law;
  3. A person who serves as an adjunct or higher professor in the field of social insurance or medical services in a university;
  4. Other persons who have abundant knowledge and experience relating to law, social insurance, or medical services.
- (3) The term of office of a member of the adjudication committee shall be three years but may be renewed consecutively only once: Provided, That the term of office of a committee member appointed from among public officials shall correspond to his/her period of service as a public official. <Amended by Presidential Decree No. 27575, Nov. 8, 2016>

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### **Article 25-2 | Exclusion, Challenge, or Avoidance of Members of Adjudication Committee**

- (1) In any of the following cases, a member of the adjudication committee shall be excluded from proceedings of deliberation and resolution on a case on the agenda:
1. If the committee member or the person who is or was the spouse of the committee member is a party to the case on the agenda or a joint right-holder or joint obligor with a party to the case on the agenda;
  2. If the committee member is or was a relative of a party to the case on the agenda;
  3. If the committee member has made a testimony or a statement, provided advise or research service or any other service, or served as an appraiser for the case on the agenda;
  4. If the committee member or the corporation to which the committee member belongs is or was the representative of a party to the case on the agenda.
- (2) If a party has reason to believe that the party can hardly expect impartiality from the committee member in deliberation and resolution, the party may file a challenge against the committee member with the adjudication committee, and the adjudication committee shall make a decision thereon by resolution. In such cases, the committee member against whom the challenge is filed shall not participate in the resolution proceeding.
- (3) If a committee member falls under any of the exclusion cases under paragraph (1), he/she shall voluntarily avoid participating in proceedings of deliberation and resolution on the relevant case on the agenda.

[This Article Newly Inserted by Presidential Decree No. 27575, Nov. 8, 2016]

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### **Article 25-3 | Removal or Dismissal of Members of Adjudication Committee**

In any of the following cases, the Minister of Health and Welfare may remove or dismiss a member of the adjudication committee under Article 25 (2) of the Act from office: <Amended by Presidential Decree No. 27575, Nov. 8, 2016>

1. If a committee member is unable to perform his/her duties due to a mental disorder;
2. If a committee member is found to have committed irregularities in connection with his/her duties;
3. If a committee member is found incompetent for the office of a committee member by reason of dereliction of duty, injury to dignity, or on any other ground;
4. If a committee member does not voluntarily avoid participating in proceedings, although he/she falls under the case specified in any subparagraph of Article 25-2 (1);

5. If a committee member voluntarily manifests that he/she has difficulties in performing his/her duties.

[This Article Newly Inserted by Presidential Decree No. 26844, Dec. 31, 2015]

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## Article 26 | Meetings of Adjudication Committee

- (1) The chairperson of the adjudication committee shall convene and preside over the meeting.
- (2) If the chairperson is unable to perform his/her duties due to extenuating circumstances, the member appointed by the chairperson shall act on his/her behalf.
- (3) A meeting of the adjudication committee shall be duly formed with a majority of incumbent members present and shall adopt a resolution by affirmative votes of a majority of the members present at the meeting.
- (4) The adjudication committee shall have one administrative secretary to conduct its administrative affairs, who shall be appointed by the chairperson from among public officials of the Ministry of Health and Welfare. <Amended by Presidential Decree No. 20679, Feb. 29, 2008; Presidential Decree No. 22075, Mar. 15, 2010>
- (5) Except as otherwise expressly provided for in this Decree, matters necessary for the operation of the adjudication committee shall be determined by the chairperson, subject to resolution by the adjudication committee.

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## Article 27 | Period for Making Decision on Application for Review

- (1) Upon receipt of an application for review filed pursuant to Article 56 (1) of the Act, the adjudication committee shall make a decision thereon within 60 days of receipt of the application: Provided, That the period for making a decision may be extended by up to 30 days, if an inevitable event necessitates such extension.
- (2) When the adjudication committee extends the period for making a decision pursuant to the proviso to paragraph (1), it shall notify the person who has filed the application for examination of the reason for extension and the extended period.

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## Article 28 | Subsidy by State and Local Governments

- (1) Expenses incurred in relation to medical aid beneficiaries under Article 58 (2) of the Act shall be borne by the State and local governments in accordance with the following guidelines: <Amended by Presidential Decree No. 22001, Jan. 26, 2010; Presidential Decree No. 23264, Oct. 26, 2011; Presidential Decree No. 26805, Dec. 30, 2015>
  1. Deleted; <by Presidential Decree No. 26805, Dec. 30, 2015>
  - 1-2. Expenses incurred in relation to the recipients of medical benefits under Article 3 (1) 1 of the Medical Care Assistance Act: Such expenses shall be borne by each local government;
  2. Expenses incurred in relation to recipients of medical benefits under any provision other than Article 3 (1) 1 of the Medical Care Assistance Act: Such expenses shall be borne as follows:
    - (a) Apportionment to the State: An amount calculated at the standard subsidization rate specified in attached Table 1 of the Enforcement Decree of the Subsidy Management Act for beneficiaries entitled to basic living security;

(b) Apportionment to a local government: The remainder of expenses after deducting the apportionment to the State.

(2) The Mayor of a Special Metropolitan City, the Mayor of a Metropolitan City, the Special Self-Governing City Mayor, a Do Governor, or Special Self-Governing Province Governor shall pay an estimated amount of expenses incurred in relation to benefits prescribed by the Minister of Health and Welfare to the NHIS to cover expenses under paragraph (1). <Amended by Presidential Decree No. 21924, Dec. 30, 2009; Presidential Decree No. 22075, Mar. 15, 2010; Presidential Decree No. 25163, Feb. 11, 2014>

(3) Procedures for and methods of paying an estimated amount of expenses for benefits under paragraph (2) shall be determined and publicly notified by the Minister of Health and Welfare. <Amended by Presidential Decree No. 22075, Mar. 15, 2010>

[This Article Newly Inserted by Presidential Decree No. 20814, Jun. 11, 2008]

[Pursuant to Article 2 of the Addenda to Presidential Decree No. 22001 (Jan. 26, 2010), this Article shall be effective until December 31, 2014]

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## Article 28-2 | Processing of Sensitive Information and Personally Identifiable Information

If it is inevitable to conduct following administrative affairs, the State (including any entity to whom the Minister of Health and Welfare delegates or entrusts his/her authority pursuant to Article 111 of the National Health Insurance Act applied mutatis mutandis under Article 64 of the Act), the head of a local government (including any entity to whom the relevant authority is delegated or entrusted), or the NHIS (including any entity to whom the NHIS' affairs are entrusted pursuant to Article 112 of the National Health Insurance Act applied mutatis mutandis pursuant to Article 64 of the Act) may process data that contain health-related information under Article 23 of the Personal Information Protection Act, information constituting criminal history records under subparagraph 2 of Article 18 of the Enforcement Decree of the aforesaid Act, or a resident registration number or an alien registration number under subparagraph 1 or 4 of Article 19 of the aforesaid Decree: <Amended by Presidential Decree No. 24077, Aug. 31, 2012; Presidential Decree No. 27575, Nov. 8, 2016>

1. Services for preventing geriatric diseases under Article 4 of the Act;
2. Designation of long-term care institutions under Article 31 of the Act;
3. Reporting on the establishment of a long-term care institution for home care under Article 32 of the Act;
4. Reporting on any change in a long-term care institution for home care under Article 33 of the Act;
5. Reporting on closure or suspension of a long-term care institution or a long-term care institution for home care under Article 36 of the Act;
6. Administrative dispositions, such as revocation of designation of a long-term care institution for home care under Article 37 of the Act;
- 6-2. Imposition of penalty surcharges under Article 37-2 of the Act;
- 6-3. Disclosure of violations, etc. under Article 37-3 of the Act;
- 6-4. Succession to effects of administrative sanctions under Article 37-4 of the Act;
- 6-5. Restriction on provision of long-term care benefits under Article 37-5 of the Act;
7. The NHIS's business affairs under Article 48 (2) of the Act;
8. Objections raised pursuant to Article 55 of the Act;
9. Applications for examination filed pursuant to Article 56 of the Act;

10. Administrative litigation under Article 57 of the Act;
11. Reporting, inspections, etc. under Article 61 of the Act;
12. Hearings under Article 63 of the Act;
13. Payment of monetary rewards under Article 104 of the National Health Insurance Act applied mutatis mutandis under Article 64 of the Act;
14. Designation of education institutions under Article 11 (1) 3 (b).

[This Article Newly Inserted by Presidential Decree No. 23488, Jan. 6, 2012]

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### **Article 28-3 | Review of Regulations**

The Minister of Health and Welfare shall review the validity on the effective period of approval for long-term care under Article 8 every three years (referring to a period before January 1 of the year when every three years elapse) on the basis of January 1, 2014 and take measures, such as making improvements.

[This Article Newly Inserted by Presidential Decree No. 25050, Dec. 30, 2013]

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### **Article 29 | Standards for Imposition of Administrative Fines**

Guidelines for the imposition of administrative fines under Article 69 of the Act shall be as prescribed in attached Table 3.

[This Article Wholly Amended by Presidential Decree No. 21225, Dec. 31, 2008]

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### **ADDENDA**

This Decree shall enter into force on October 1, 2007: Provided, That Articles 7 and 8 shall enter into force on July 1, 2008.

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### **ADDENDA <Presidential Decree No. 20679, Feb. 29, 2008>**

#### **Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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#### **Articles 2 | through 9 Omitted.**

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### **ADDENDA <Presidential Decree No. 20814, Jun. 11, 2008>**

#### **Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation: Provided, That Articles 4, 5, 12, 13, and 28 shall enter into force on July 1, 2008.

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#### **Article 2 | Period of Validity**

The amended provisions of Article 28 (1) 1 shall be valid until December 31, 2009.

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**ADDENDUM** <Presidential Decree No. 21225, Dec. 31, 2008>

This Decree shall enter into force on January 1, 2009.

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**ADDENDUM** <Presidential Decree No. 21619, Jul. 7, 2009>

This Decree shall enter into force on September 19, 2009.

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**ADDENDUM** <Presidential Decree No. 21924, Dec. 30, 2009>

This Decree shall enter into force on January 1, 2010.

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**ADDENDA** <Presidential Decree No. 22001, Jan. 26, 2010>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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**Article 2 | Application and Period of Validity**

The amended provisions of Article 28 (1) 1 shall enter into force on January 1, 2010 but shall be valid until December 31, 2014.

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**ADDENDA** <Presidential Decree No. 22075, Mar. 15, 2010>

**Article 1 | Enforcement Date**

This Decree shall enter into force on March 19, 2010. (Proviso Omitted.)

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**Article 2 | Omitted.**

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**ADDENDA** <Presidential Decree No. 22564, Dec. 29, 2010>

**Article 1 | Enforcement Date**

This Decree shall enter into force on December 30, 2010. (Proviso Omitted.)

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**Articles 2 | through 8 Omitted.**

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**ADDENDA** <Presidential Decree No. 22906, Apr. 22, 2011>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation.

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**Article 2 | Omitted.**

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**ADDENDUM** <Presidential Decree No. 23125, Sep. 6, 2011>

This Decree shall enter into force on the date of its promulgation.

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**ADDENDA** <Presidential Decree No. 23264, Oct. 26, 2011>

**Article 1 | Enforcement Date**

This Decree shall enter into force on October 26, 2011.

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**Articles 2 | and 3 Omitted.**

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**ADDENDA** <Presidential Decree No. 23488, Jan. 6, 2012>

**Article 1 | Enforcement Date**

This Decree shall enter into force on the date of its promulgation. (Proviso Omitted.)

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**Article 2 | Omitted.**

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**ADDENDUM** <Presidential Decree No. 23867, Jun. 21, 2012>

This Decree shall enter into force on July 1, 2012.

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**ADDENDA** <Presidential Decree No. 24077, Aug. 31, 2012>

**Article 1 | Enforcement Date**

This Decree shall enter into force on September 1, 2012. (Proviso Omitted.)

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**Articles 2 | through 9 Omitted.**

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**ADDENDA** <Presidential Decree No. 24565, May 31, 2013>

**Article 1 | Enforcement Date**

This Decree shall enter into force on July 1, 2013.

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**Article 2 | Applicability to Effective Period of Approval for Long-Term Care**

The amended provisions of Article 8 (1) shall begin to apply from cases where approval for long-term care is renewed after this Decree enters into force, and where a person is determined as a patient with a rating identical to the preceding one after renewal of approval for long-term care.

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**ADDENDUM** <Presidential Decree No. 25050, Dec. 30, 2013>

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This Decree shall enter into force on January 1, 2014. (Proviso Omitted.)

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**ADDENDA <Presidential Decree No. 25163, Feb. 11, 2014>**

**Article 1 | Enforcement Date**

This Decree shall enter into force on February 14, 2014.

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**Article 2 | Transitional Measures concerning Administrative Fines**

- (1) When penalty provisions are applied to offenses committed before this Decree enters into force, the former provisions shall govern, notwithstanding the amended provisions of attached Table 3.
- (2) The imposition of administrative fines due to offenses referred to in subparagraph 2 (g) ii) through iv) of attached Table 3 before this Decree enters into force shall be disregarded for the purpose of calculating the frequency of offenses under the amended provision of subparagraph 2 (h) ii) of attached Table 3.

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**ADDENDA <Presidential Decree No. 25401, Jun. 25, 2014>**

**Article 1 | Enforcement Date**

This Decree shall enter into force on July 1, 2014.

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**Article 2 | Transitional Measures concerning Alteration of Standards for Need Assessment**

The amended provisions of Article 7 (1) 3 through 5 shall also apply to a person who has applied for approval for long-term care under Article 13 (1) of the Act before this Decree enters into force and on whom procedures for rating is in progress.

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**Article 3 | Transitional Measures concerning Standards for Need Assessment**

- (1) Among recipients rated as long-term care Rating-III pursuant to the former provisions as at the time this Decree enters into force, a recipient who scores at least 60 but less than 75 points for approval for long-term care shall be deemed a recipient rated as long-term care Rating-III under the amended provision of Article 7 (1) 3, and a recipient who scores at least 51 but less than 60 points for approval for long-term care shall be deemed a recipient rated as long-term care Rating-IV under the amended provision of Article 7 (1) 4, respectively.
- (2) The effective period of approval for long-term care of recipients rated as long-term care Rating-III and long-term care Rating-IV pursuant to paragraph (1) shall be the remaining period of the effective period of approval for long-term care rated as long-term care Rating-III pursuant to the former provisions.

**ADDENDUM <Presidential Decree No. 26805, Dec. 30, 2015>**

This Decree shall enter into force on January 1, 2016.

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**ADDENDUM <Presidential Decree No. 26844, Dec. 31, 2015>**

This Decree shall enter into force on the date of its promulgation.

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**ADDENDA <Presidential Decree No. 27575, Nov. 8, 2016>**

**Article 1 | Enforcement Date**

This Decree shall enter into force on January 1, 2017: Provided, That the amended provisions of Article 9 and subparagraph 2 (d) and (i) shall enter into force on December 30, 2015, and the amended provisions of Article 18-2 shall enter into force on November 30, 2016.

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**Article 2 | Transitional Measures concerning Effective Period of Approval for Long-Term Care**

Notwithstanding the amended provisions of Article 8 (1), former provisions shall apply to the beneficiaries who had their effective periods of long-term care renewed before this Decree enters into force.

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**Article 3 | Transitional Measures concerning Renewal of Term of Office of Members of Review Committee and Adjudication Committee**

For the purpose of applying the amended provisions of the main sentence of Article 23 (3) or of the main sentence of Article 25 (3) to a member of the review committee or the adjudication committee at the time this Act enters into force, the term of office of the committee member at the time this Decree enters into force shall be deemed his/her initial term of office.





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