

National Health Insurance Act and Enforcement Decree



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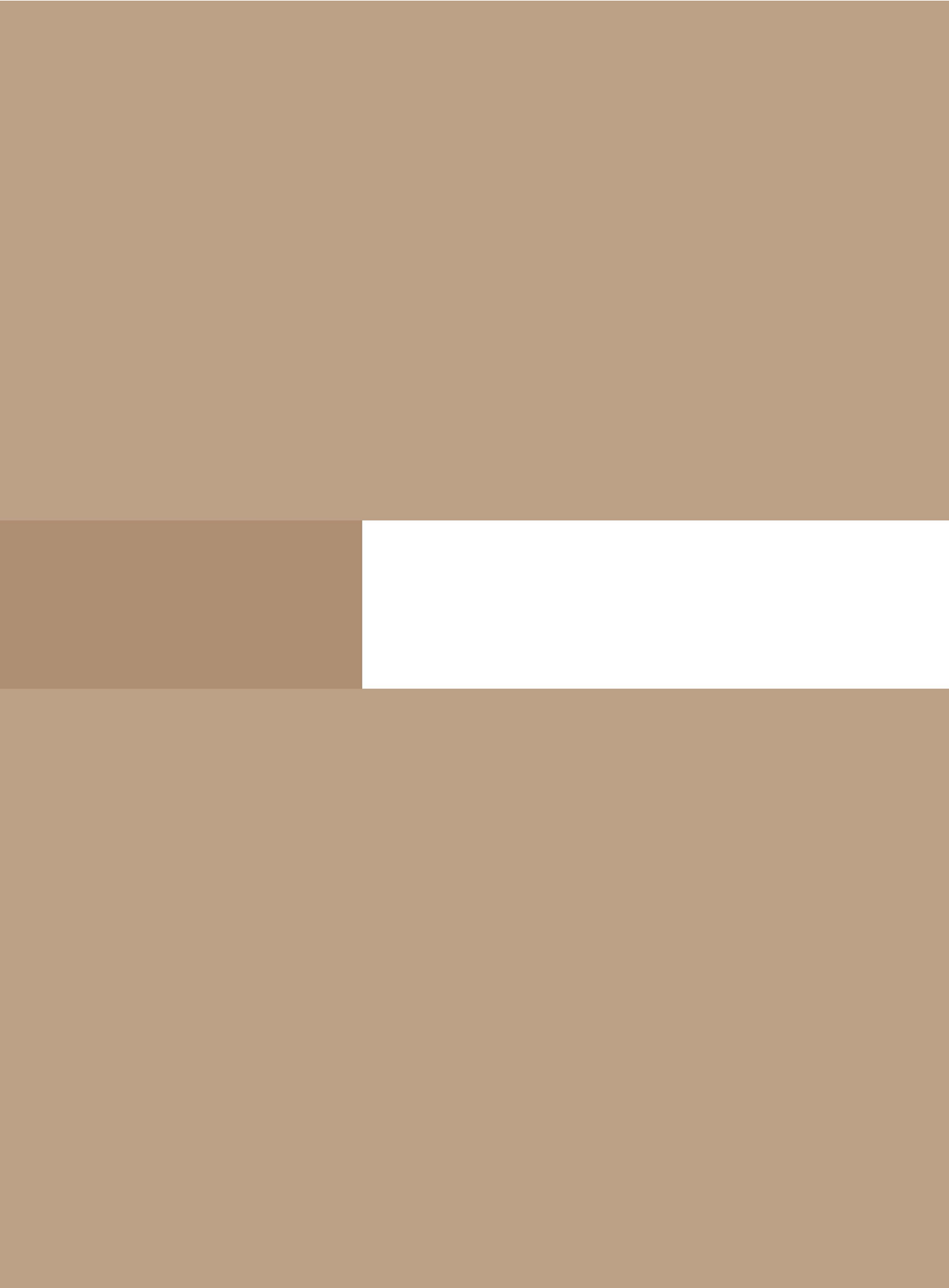
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NATIONAL HEALTH INSURANCE ACT

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ENFORCEMENT DECREE OF THE
NATIONAL HEALTH INSURANCE ACT





**NATIONAL HEALTH
INSURANCE ACT**

01

NATIONAL HEALTH INSURANCE ACT

[Enforcement Date 28. Jun, 2023.]
[Act No.19123, 27. Dec, 2022., Partial Amendment]

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 (Administration)

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

Article 3 (Definitions)

The terms used in this Act are defined as follows:

1. The term “worker” means a person who, regardless of a type of his or her occupation, lives on remuneration received in return for his or 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 prescribed 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 in this Article the same shall apply) 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 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 (hereafter in this Article referred to as the “Health Insurance Policy Deliberative Committee”). The same shall also apply to any modification to a comprehensive plan already formulated.
- (2) Each 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 contributions;
 5. Matters concerning the costs of health care benefits;
 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 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, unless there is a compelling reason not to do so.

- (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 on 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 under the control of the Minister of Health and Welfare to deliberate on and resolve any of the following matters concerning health insurance: <Amended on Feb. 3, 2016>
 1. Matters concerning a comprehensive plan provided for in Article 3-2 (1) and an implementation plan provided for in Article 3-2 (3) (limited to deliberation thereon);
 2. The standards for health care benefits provided for in Article 41 (3);
 3. Matters concerning the costs of health care benefits 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 by workers' organizations and employers' organizations;
 2. One person 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) One person each recommended by the president of the National Health Insurance Service and the executive director of the Health Insurance Review and Assessment Service;
 - (c) Four persons with profound learning and experience in health insurance.
- (5) The term of office of the members of the Deliberative Committee (excluding any member falling under paragraph (4) 4 (a)) shall be three years: Provided, That the term of office of any member newly appointed to fill a vacancy of a resigned member or due to other reasons shall be the remainder of the term of office for his or 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)

- (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 on 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 or the Act on the Honorable Treatment of and Support for Persons 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 or her with health insurance cover;
 - (b) A person who does not request the insurer that he or she be excluded from health insurance cover, despite a change in his or 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 whose income or property falls below the standards prescribed by Ordinance of the Ministry of Health and Welfare: <Amended on

Apr. 18, 2017>

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 to determine the eligibility of the dependent 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.

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 on 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 not receive monthly remuneration or salary equivalent thereto;
 4. Workers and employers of workplaces prescribed by Presidential Decree, in light of the characteristics of workplace, forms of employment, types of business and other matters, and public officials and school employees.
- (3) Persons who are neither the employee insured nor their dependents shall be the self-employed insured.
- (4) Deleted. <Dec. 11, 2018>

Article 7 (Reporting on Workplace)

Where an employer of a workplace falls under any of the following subparagraphs, he or 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 because he or she falls under subparagraph 1:

1. Where his or 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 “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.

Article 8 (Date of Acquisition of Eligibility)

- (1) The insured shall become eligible as the employee insured or the self-employed insured on the day he or 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 or 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 or 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 pursuant to paragraph (1), the employer of the relevant employee insured or the head of the household of the relevant self-employed insured 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.

Article 9 (Date of Change in Eligibility)

- (1) The eligibility of the insured shall change on the date when he or 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 "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 classifications, as prescribed by Ordinance of the Ministry of Health and Welfare, within 14 days from the date on which the eligibility

changes:

1. Where eligibility changes pursuant to paragraph (1) 1 and 2: Employer of the employee insured;
2. Where there is a change in eligibility pursuant to paragraph (1) 3 through 5: 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 Justice and the Minister of National Defense shall inform the insurer as provided by Ordinance of the Ministry of Health and Welfare within one month from the date of such change.

Article 9-2 (Notice of Acquisition and Change of Eligibility)

Upon confirmation of the acquisition or change of eligibility of the insured through the data received pursuant to Article 96 (1), the NHIS shall give notice of the acquisition or change of the eligibility, as prescribed by Ordinance of the Ministry of Health and Welfare, when the billing of contribution is made to the person obligated to pay it under Article 79 for the first time after the acquisition or change of the eligibility.

[This Article Newly Inserted on Jan. 15, 2019]

Article 10 (Date of Loss of Eligibility)

- (1) The insured shall lose his or her eligibility on the day he or she falls under any of the following subparagraphs:
 1. The day immediately following the date of his or her death;
 2. The day immediately following the day he or she loses his or her nationality;
 3. The day immediately following the day he or she ceases to reside within the country;
 4. The day he or she becomes a dependent of the employee insured;
 5. The day he or she becomes an eligible recipient;
 6. The day a person formerly covered by health insurance makes a request for exclusion from coverage of the health insurance as he or she became a person eligible for medical care for distinguished service.
- (2) If eligibility is lost pursuant to 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.

Article 11 (Confirmation of Acquisition 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 referred to in 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).

Article 12 (Health Insurance Card)

- (1) The National Health Insurance Service shall issue a health insurance card upon application by the insured or his or her dependent. <Amended on Dec. 11, 2018>
- (2) When the insured or his or her dependent receives health care benefits, he or 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 an act of God exists.
- (3) Notwithstanding the main clause of paragraph (2), if it is possible for a health care institution to ascertain his or her eligibility using his or her resident registration certificate, driver's license, passport, or other identification cards prescribed by Ordinance of the Ministry of Health and Welfare (hereinafter referred to as “identification cards”) to verify his or her identity, the insured or a dependent need not submit his or her health insurance card.
- (4) Neither the insured nor his or her dependent may receive insurance benefits after losing his or her eligibility under Article 10 (1) using a document that had been used to certify his or her eligibility before. <Newly Inserted on May 22, 2013>
- (5) No person is allowed to arrange another person to receive insurance benefits by transferring or lending his or her health insurance card or identification card. <Newly Inserted on 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 on May 22, 2013>
- (7) Matters necessary for the procedures and methods for application and the form for 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 on May 22, 2013; Dec. 11, 2018>

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”).

Article 14 (Services)

- (1) The NHIS shall administer the following affairs: <Amended on Feb. 8, 2017>
 1. Supervision of the eligibility of the insured and their dependents;
 2. Imposition and collection of insurance contributions and other money collectible 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 benefits 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 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 and regulations;
 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 conducted 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 of which fulfillment of the obligation 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 that 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.

Article 15 (Legal Personality)

- (1) The NHIS shall be a corporation.
- (2) The NHIS shall be established at the time it registers such establishment at the location of its main office.

Article 16 (Offices)

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

Article 17 (Articles of Incorporation)

- (1) The articles of incorporation of the NHIS shall state the following matters:
 1. Purpose;
 2. Name;
 3. The location of its office;
 4. Matters concerning the executive officers and employees;
 5. Operation of the board of directors;
 6. Matters concerning the Financial Operation Committee;
 7. Matters concerning insurance contributions 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 the 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.

Article 18 (Registration)

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

1. Purpose;
2. Name;
3. Location of its principal office and branch offices;
4. Name, address, and resident registration number of the president.

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, 14 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 Committee for Recommendation of Executive Officers established under Article 29 of the Act on the Management of Public Institutions (hereinafter referred to as the "Committee for Recommendation of Executive Officers").
- (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 Economy and Finance from among several persons recommended by the Committee for Recommendation of Executive Officers.

- (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.

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 prescribed by Ordinance of the Ministry of Health and Welfare shall be appointed as a director in charge of the affairs provided for Article 14 (1) 2 and 11 (hereinafter referred to as “collection director”).
- (2) The NHIS shall have a committee, having directors as its members, for nominating collection directors (hereinafter referred to as the “Nomination Committee”) in order to nominate candidates for a collection director. In such cases, a director nominated by the president shall be the Chairperson of the Nomination Committee.
- (3) The Nomination Committee shall publicly announce 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 prescribed by Ordinance of the Ministry of Health and Welfare, and consult on the contractual 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 case, a standing director shall be deemed appointed under Article 20 (3).
- (6) Matters necessary for the consultation on contractual terms under paragraph (4), contract conclusion, etc. under paragraph (5), shall be prescribed by Ordinance of the Ministry of Health and Welfare.

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 during the term of office.
- (2) The standing directors shall perform the affairs of the NHIS under the order of the president.
- (3) Where the president is unable to perform his or her duties due to any unavoidable cause, a standing director prescribed 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 prescribed by articles of incorporation shall act on behalf of

the president.

- (4) The auditor shall audit the services, accounting, and property status of the NHIS.

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.

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 or her appointment, he or 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 or her:
 1. Where he or she is deemed unable to perform his or her duties due to a physical or mental disability;
 2. Where he or she breaches an official duty;
 3. Where he or she causes loss to the NHIS by intention or gross negligence;
 4. Where he or she commits an act that damages his or her dignity, regardless of whether on or off duty;
 5. Where he or she violates an order of the Minister of Health and Welfare issued under this Act.

Article 25 (Prohibition of Concurrent Offices of Executive Officers)

- (1) Standing executive officers and employees of the NHIS shall 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 affairs 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 chairperson and directors.
- (3) The auditor may appear before the board of directors to speak.
- (4) Matters necessary for the issues to be resolved by the board of directors and the operation of the board of directors shall be prescribed by Presidential Decree.

Article 27 (Appointment and Dismissal of Employees)

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

Article 28 (Legal Fiction as Public Officials in Application of Penalty Provisions)

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

Article 29 (Rules)

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 by the board of directors.

Article 30 (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 or her in all judicial or extra-judicial acts relevant to the services of the NHIS.

Article 31 (Restriction on Representative Authority)

- (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.

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 contributions, may be delegated to the head of a branch offices pursuant to the articles of incorporation.

Article 33 (Financial Operation Committee)

- (1) The NHIS shall have the Financial Operation Committee to deliberate on and resolve the matters related to insurance finance, such as contracts on the costs of health care benefits provided for in Article 45 (1) and the disposition on deficits provided for in Article 84.
- (2) The Chairperson of the Financial Operation Committee shall be elected by the Committee from among the members referred to in Article 34 (1) 3.

Article 34 (Composition 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 civic group, 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 the vacancy of a resigned member, etc. shall be the remaining term of his or her predecessor.
- (4) Matters necessary for the operation etc. of the Financial Operation Committee, shall be prescribed by Presidential Decree.

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, separately from its other accounting, make accounting treatment for the health insurance program, as well as for the national pension program, employment insurance program, industrial accident compensation insurance program, and wage claim guarantee program entrusted pursuant to Acts authorizing the entrustment of collection, independently from one another. <Amended on Jan. 16, 2018>

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 by the board of directors. This shall also apply where it intends to modify the budget. <Amended on Mar. 22, 2016>

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.

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 management, operation, etc. of the reserve funds referred to in paragraph (1) shall be prescribed by the Minister of Health and Welfare.

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 pursuant to paragraph (1), it shall publicly announce the contents thereof as prescribed by Ordinance of the Ministry of Health and Welfare.

Article 39-2 (Contribution to Projects for Supporting Disastrous Medical Expenses)

The NHIS may contribute fund within its budgetary limits every year to be appropriated for the expenses used for the project for supporting disastrous medical expenses under the Act on Support of Disastrous Medical Expenses. In such case, matters necessary for the upper limit amount of such contribution shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Jan. 16, 2018]

Article 40 (Application Mutatis Mutandis of the Civil Act)

Except as 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.

CHAPTER IV INSURANCE BENEFITS

Article 41 (Medical Care Benefits)

- (1) Health care benefits referred to in the following subparagraphs shall be provided for diseases, injuries, childbirths, etc. of the insured and their dependents:
 1. Diagnosis and medical examination;
 2. Supply of medicines and materials for medical treatment;
 3. Treatment, surgery, or other types of medical care;
 4. Prevention and rehabilitation;
 5. Hospitalization;
 6. Nursing;
 7. Transfer.
- (2) The scope (hereinafter referred to as “health care benefit item”) of health care benefits under paragraph (1) (hereinafter referred to as “health care benefits”) shall be as follows: <Newly Inserted on Feb. 3, 2016>
 1. Health care benefits 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 benefits pursuant to Article 41-3.
- (3) Criteria for the method, procedure, scope, and upper limit of health care benefits shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Feb. 3, 2016>
- (4) In prescribing the criteria for health care benefits 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 prescribed by Ordinance of the Ministry of Health and Welfare, as items excluded from the items eligible for health care benefits (hereinafter referred to as “non-benefit item”). <Amended on Feb. 3, 2016>

Article 41-2 (Reduction of Upper Limit Amount of Costs of Health Care Benefits for Medicines)

- (1) The Minister of Health and Welfare may reduce the upper limit amount (referring to the amount set as the upper limit of each kind of medicine pursuant to Article 41 (3); hereinafter the same shall apply) of costs of health care benefits for the medicines referred to in Article 41 (1) 2 as are involved in a violation of Article 47 (2) of the Pharmaceutical Affairs Act within the extent not exceeding 20/100 of such amount. <Newly Inserted on Mar. 27, 2018>
- (2) Where any medicine for which the upper limit amount of costs of health care benefits is reduced pursuant to paragraph (1) again becomes subject to the reduction of amount under paragraph (1) within the period prescribed by Presidential Decree within the extent of five years from the date when the upper limit amount of such medicine was reduced, the Minister of Health and Welfare may partially reduce the upper limit amount of costs of health care benefits for such medicine within the extent not exceeding 40/100 of such upper limit amount. <Newly Inserted on Mar. 27, 2018>
- (3) Where any medicine for which the upper limit amount of costs of health care benefits is reduced pursuant to paragraph (2) is again involved in a violation of Article 47 (2) of the Pharmaceutical Affairs Act within the period prescribed by Presidential Decree within the scope of five years from the date when the upper limit amount of costs of health care benefits for such medicine is reduced, the Minister of Health and Welfare may suspend the application of health care benefits for a fixed period not exceeding one year. <Amended on Mar. 27, 2018>
- (4) Standards and procedures for reducing the upper limit amount of costs of health care benefits and suspending the application of health care benefits pursuant to paragraphs (1) through (3), and other matters therefor shall be prescribed by Presidential Decree. <Amended on Mar. 27, 2018>

[This Article Newly Inserted on Jan. 1, 2014]

[Title Amended on Mar. 27, 2018]

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 benefits 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 in this Article referred to as “medicine”), 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 or her determination, within a period prescribed by Ordinance of the Ministry of Health and Welfare, unless there is good cause.
- (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 on Feb. 3, 2016]

Article 41-4 (Selective Benefits)

- (1) Where economic feasibility, medical treatment effects, etc. are uncertain in determining health care benefits 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 benefits as preliminary health care benefits.
- (2) The Minister of Health and Welfare shall regularly assess the appropriateness of health care benefits in relation to selective benefits under paragraph (1) (hereinafter referred to as “selective benefits”) according to the procedures and methods prescribed by Presidential

Decree, thereby re-determining whether to provide health care benefits therefor and adjusting the criteria for health care benefits under Article 41 (3).

[This Article Newly Inserted on Mar. 22, 2016]

Article 41-5 (Home Health Care Benefits)

Where the insured or his or her dependent has difficulty moving on his or her own due to illness or injury or otherwise falls under any case prescribed by Ordinance of the Ministry of Health and Welfare, health care benefits pursuant to Article 41 may be provided by directly visiting the insured or dependent.

[This Article Newly Inserted on Dec. 11, 2018]

Article 42 (Health Care Institution)

(1) Health care benefits (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 facilities, etc. prescribed by Presidential Decree, which are unfit as health care institutions for the public interest or for national policy reasons, from among health care institutions: <Amended on Mar. 27, 2018>

1. Medical institutions established under the Medical Service Act;
2. Pharmacies registered under the Pharmaceutical Affairs Act;
3. The Korea Orphan and Essential 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 Special Measures for Health and Medical Services in Agricultural and Fishing Villages.

(2) If necessary for efficiently providing health care benefits, 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 or 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 former part 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 benefits referred to in Article 41 (3) and the costs of health care benefits referred to in Article 45 differently from other health care institutions. <Amended on Feb. 3, 2016>

- (5) Health care institutions referred to in paragraphs (1), (2), and (4) may not refuse to provide health care benefits without good cause.

Article 42-2 (Management of Provision of Selective Benefits by Health Care Institutions)

- (1) Where any selective benefits require data accumulation or medical use and management, the Minister of Health and Welfare may predetermine the requirements for the provision of relevant selective benefits and only the health care institutions that satisfy such requirements may provide relevant selective benefits, notwithstanding Article 42 (1).
- (2) A health care institution which provides selective benefits pursuant to paragraph (1) shall submit data necessary to assess relevant selective benefits under Article 41-4 (2).
- (3) Where a health care institution fails to satisfy the requirements for the provision of selective benefits 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 benefits.
- (4) The requirements for the provision of selective benefits referred to in paragraph (1), the submission of data referred to in paragraph (2), restrictions on the provision of selective benefits 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 on Mar. 22, 2016]

Article 43 (Reports on Current Status of Health Care Institutions)

- (1) At the time a health care institution makes the first claim for reimbursement of costs of health care benefits under Article 47, the institution shall report on the current status of its facilities, equipment, human resources, etc. to the Health Insurance Review 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 benefits 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.

Article 44 (Co-Payment of Expenses)

- (1) A person who receives health care benefits 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 benefits than to other health care benefits. <Amended on Mar. 22, 2016>
- (2) Where the total amount of annual co-payment borne by the insured pursuant to paragraph (1) exceeds the amount prescribed by Presidential Decree (hereafter in this Article referred to as “co-payment ceiling”), the NHIS shall bear such excess amount. <Newly Inserted on Mar. 22, 2016>
- (3) The co-payment ceiling referred to in paragraph (2) shall be determined in consideration of the income levels, etc. of the insured. <Newly Inserted on Mar. 22, 2016>
- (4) The method of calculating the co-payment ceiling, paying an amount in excess of the co-payment ceiling under paragraph (2), or determining the co-payment ceiling based on income levels of the insured and others under paragraph (3), and other necessary matters shall be prescribed by Presidential Decree. <Newly Inserted on Mar. 22, 2016>

Article 45 (Calculation of Costs of Health Care Benefits)

- (1) The costs of health care benefits shall be determined by contract between the president of the NHIS and persons prescribed 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 benefits 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 benefits determined by the Minister of Health and Welfare shall be deemed the costs of health care benefits determined by contract under paragraphs (1) and (2). <Amended on May 22, 2013>
- (4) If the costs of health care benefits are determined under paragraph (1) or (3), the Minister of Health and Welfare shall give a public notice of the particulars of the costs of health care benefits without delay.
- (5) The president of the NHIS shall conclude a contract under paragraph (1) after undergoing the deliberation and resolution by 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.

Article 46 (Calculation of Costs of Health Care Benefits for Medicines and Materials for Medical Treatment)

Notwithstanding Article 45, the costs of health care benefits 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.

Article 47 (Claims for and Payment of Costs of Health Care Benefits)

- (1) A health care institution may claim the costs of health care benefits 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 benefits.
- (2) A health care institution which intends to claim the costs of health care benefits under paragraph (1) shall request the Review and Assessment Service for a review of the costs of health care benefits, and the Review and Assessment Service upon receipt of the request, shall review the costs and notify the NHIS and the health care institution of the details of its review without delay.
- (3) Upon receipt of the notification of the review details under paragraph (2), the NHIS shall, without delay, pay the costs of health care benefits 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) Where the NHIS pays the costs of health care benefits to a health care institution pursuant to the former part of paragraph (3), and where the health care institution fails to pay any insurance contributions payable to the NHIS pursuant to Article 77 (1) 1 or any other money collectible under this Act, the NHIS may pay the costs of health care benefits after deducting such insurance contributions or money collectible from the costs of health care benefits.
<Newly Inserted on Dec. 27, 2022>
- (5) The NHIS may offset the amount to be paid to the insured under the latter part of paragraph (3) against the insurance contributions and other money collectible under this Act which the relevant insured shall pay (hereinafter referred to as “insurance contributions, etc.”).
<Amended on Dec. 27, 2022>
- (6) Where the Review and Assessment Service evaluates the appropriateness of health care benefits referred to in Article 47-4 and notifies the NHIS of the results of such evaluation, the NHIS shall adjust the payment by increasing or reducing the costs of health care benefits in

accordance with the evaluation results. In such cases, the criteria for increased or reduced payment of the costs of health care benefits shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Jun. 10, 2022; Dec. 27, 2022>

- (7) A health care institution may authorize the following organizations to request a review referred to in paragraph (2) on its behalf: <Amended on Dec. 27, 2022>
 - 1. The physician's association, dentists' association, association of doctors of Korean medicine, midwives' association provided in Article 28 (1) of the Medical Service Act or a branch or a sub-branch of each of those associations, each of which files a report pursuant to paragraph (6) of that Article;
 - 2. The association of medical institutions provided in Article 52 of the Medical Service Act;
 - 3. The Korean Pharmaceutical Association provided in Article 11 of the Pharmaceutical Affairs Act or a branch or a sub-branch of the association, which files a report pursuant to Article 14 of that Act.
- (8) Matters necessary for the method and procedure for making the claim, review, payment, etc. of the costs of health care benefits referred to in paragraphs (1) through (7) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 27, 2022>

Article 47-2 (Withholding of Payment of Costs of Health Care Benefits)

- (1) Notwithstanding Article 47 (3), where the NHIS verifies, as a result of an investigation by an investigative agency, that a health care institution which has filed a claim for the payment of costs of health care benefits violates Article 4 (2) or 33 (2) or (8) of the Medical Service Act or Article 20 (1) or 21 (1) of the Pharmaceutical Affairs Act, it shall withhold the payment of the relevant health care institution. In such cases, the amount of payment of medical care benefit costs shall also extend to the health care benefit costs claimed after the disposition taken by the relevant institution. <Amended on Dec. 29, 2020>
- (2) Before withholding the payment of the costs of health care benefits 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 4 (2), 33 (2) or (8) of the Medical Service Act or Article 20 (1) or 21 (1) of the Pharmaceutical Affairs Act is not substantiated, due to grounds prescribed by Presidential Decree such as 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 benefits is withheld in addition to the amount of health care benefit cost of which the payment is withheld. <Amended on Dec. 29, 2020>
- (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 on May 20, 2014]

Article 47-3 (Different Payment of Costs of Health Care Benefits)

In order to redress imbalance between medical resources and the narrowing of the Medical Service gap by region, the costs of health care benefits may be separately set and paid by region.

[This Article Newly Inserted on Dec. 29, 2020]

Article 47-4 (Evaluation of Appropriateness of Health Care Benefits)

- (1) The Review and Assessment Service may conduct an evaluation of the appropriateness of health care benefits (hereafter in this Article referred to as “evaluation”) in order to improve the quality of medical treatment covered by health care benefits.
- (2) The Review and Assessment Service may include in the evaluation of health care benefits any matters related to health care benefits, such as human resources, facilities, equipment, and patient safety of a health care institution.
- (3) The Review and Assessment Service shall notify the health care institution subject to evaluation of the evaluation results, and where the costs of health care benefits are added or subtracted based on the evaluation results, it shall notify the health care institution for whom the addition or subtraction is made and the NHIS of the evaluation results including decisions made.
- (4) Matters necessary for the criteria for, scope of, procedures, and methods for evaluations, etc. under paragraphs (1) through (3) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

[This Article Newly Inserted on Jun. 10, 2022]

Article 48 (Verification of Eligibility for Health Care Benefits)

- (1) The insured or the dependent may request the Review and Assessment Service to verify whether part of the medical expenses he or she has borne, other than co-payment, is excluded from health care benefit items in accordance with Article 41 (4). <Amended on Feb. 3, 2016>
- (2) The Review and Assessment Service, upon 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 benefits, the Review and Assessment Service shall notify the NHIS and the relevant health care institution of such facts.
- (3) A health care institution upon receipt of 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 benefits it is liable to pay

to such health care institution.

- (4) The scope of requests for verification, the methods and procedures therefor, and the processing period under paragraphs (1) through (3), and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Jan. 10, 2022>

Article 49 (Health Care Costs)

- (1) Where the insured or dependent, due to emergency or other unavoidable reasons prescribed by Ordinance of the Ministry of Health and Welfare, receives health care for a disease, injury, childbirth, etc. at an institution prescribed 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); hereinafter referred to as “quasi-health care institution”) or undergoes a childbirth at a place other than a health care institution, the NHIS shall disburse an amount equivalent to the health care benefits concerned to the insured or dependent as the health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Dec. 29, 2020>
- (2) A quasi-health care institution 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. <Amended on Dec. 29, 2020>
- (3) Notwithstanding paragraphs (1) and (2), a quasi-health care institution may directly claim the payment of the health care expenses to the NHIS, if a policyholder or his or her dependent has been delegated thereto. In such cases, the NHIS may pay the health care expenses to the quasi-medical care institution after examining the appropriateness of the particulars that the benefits have been requested.” <Newly Inserted on Dec. 29, 2020>
- (4) Matters necessary for the request for the payment of health care expenses by quasi-health care institutions under paragraph (3), the review of the NHIS' appropriateness, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 29, 2020>

Article 50 (Additional Benefits)

In addition to the health care benefits prescribed in this Act, the NHIS may provide benefits for medical expenses for pregnancy and childbirth, funeral costs, sickness allowances, and other allowances, as prescribed by Presidential Decree. <Amended on May 22, 2013>

Article 51 (Special Cases concerning Persons with Disabilities)

- (1) The NHIS may provide insurance benefits for assistive devices pursuant to subparagraph 2 of

Article 3 of the Act on the Support for Assistive Devices for Persons with Disabilities and Senior Citizens and Promotion of Use Thereof (hereafter in this Article referred to as “assistive devices”) for the insured and dependents with disabilities registered under the Act on Welfare of Persons with Disabilities. <Amended on Apr. 23, 2019>

- (2) A person who sells assistive devices to a policyholder or his or her dependent who is a person with disabilities, may claim insurance benefits directly to the NHIS where a policyholder or his or her dependent is delegated. In such cases, the NHIS may pay insurance benefits on assistive devices to a person who sells assistive devices after examining the appropriateness of the terms of a claim for payment. <Newly Inserted on Dec. 29, 2020>
- (3) The scope and methods of, and procedures for, insurance benefits for assistive devices referred to in paragraph (1), a business entity selling assistive devices requests insurance benefits referred to in paragraph (2), the review of the NHIS's propriety, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Apr. 23, 2019; Dec. 29, 2020>

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 provide subsequent health care benefits.
- (2) The types of and candidates for health checkups under paragraph (1) are as follows: <Newly Inserted on Dec. 11, 2018>
 1. General health checkups: The employee insured, the self-employed insured who is the head of a household, the self-employed insured of 20 years of age and over, and a dependent of 20 years of age and over;
 2. Cancer checkups: A person who meets a checkup cycle, age standard, etc. by type of cancer under Article 11 (2) of the Cancer Control Act;
 3. Infant health checkups: The insured and a dependent under the age of six.
- (3) The items of health checkups under paragraph (1) shall be designed based on personal characteristics, such as gender and age, and life cycle. <Newly Inserted on Dec. 11, 2018>
- (4) Frequency of and procedures for the health checkup referred to in paragraph (1), and other necessary matters shall be prescribed by Presidential Decree. <Amended on Dec. 11, 2018>

Article 53 (Restrictions of Benefits)

- (1) If a person eligible to receive insurance benefits falls under any of the following subparagraphs, the NHIS shall not provide any insurance benefit:
 1. Where he or she has caused criminal conduct by intention or gross negligence or caused an accident by intent;
 2. Where he or 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 or 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 or she receives or is eligible to receive insurance benefits or compensations under other statutes or regulations due to a disease, injury, or accident incurred relating to his or her business or in the line of duty.
- (2) When a person eligible for health care benefits has received, from the State or a local government, benefits equivalent to the health care benefits or expenses equivalent to the costs of health care benefits under the provisions of other statutes or regulations, the NHIS shall not provide insurance benefits up to the limit of such amount.
- (3) Where the insured fails to pay any of the following insurance contributions for a period prescribed by Presidential Decree, the NHIS may not provide insurance benefits to the insured or his or her dependents 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 (delinquent insurance contributions which have already been paid shall be excluded in calculating the total number of failure, and the period of delinquency in paying insurance contributions shall not be taken into consideration) is below the number prescribed by Presidential Decree, or the income and property of the insured and his or her dependents are below the standard prescribed by Presidential Decree: <Amended on Dec. 11, 2018>
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 or herself. In such cases, the dependents of the relevant employee insured shall also be subject to paragraph (3). <Amended on Apr. 23, 2019>
- (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 at least once, 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 five times (if the number of installments approved under paragraph (1) of that Article is less than five times, it means the number of installments; hereafter in this Article the same shall apply) without good cause. <Amended on Apr. 23, 2019>
- (6) The insurance benefits received in the period during which no insurance benefits are to be provided pursuant to paragraphs (3) and (4) (hereafter in this paragraph referred to as “benefit suspension period”) shall be recognized as insurance benefits only in the following cases: <Amended on Apr. 23, 2019>
1. Where the insurance contributions in arrears are fully paid by the due date for its payment

in the month to which the date two months lapse from the date when the NHIS has served 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 are paid at least once by the due date for its payment in the month to which the date two months lapse from the date when the NHIS has served 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 five times without good cause, his or her eligibility for insurance benefits shall be denied.

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 cases of subparagraphs 3 and 4, the health care benefits under the provisions of Article 60 shall be provided: <Amended on Apr. 7, 2020>

1. Deleted; <Apr. 7, 2020>
2. When he or she is staying abroad;
3. When he or she falls under Article 6 (2) 2;
4. When he or she is committed to a correctional institution or equivalent facilities.

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 have such person be questioned or diagnosed by relevant personnel.

Article 56 (Reimbursement of Health Care Costs)

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.

Article 56-2 (Accounts for Receipt of Health Care Costs)

- (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 unavoidable 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, etc. 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 on May 20, 2014]

Article 57 (Collection of Unjust Gains)

- (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, a quasi-health care institution, a business entity selling assistive devices, or a health care institution that has received insurance benefit costs by fraud or other improper means. <Amended on Dec. 29, 2020>
- (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 collectible under paragraph (1), severally or jointly with such health care institution: <Newly Inserted on May 22, 2013; Dec. 29, 2020>
 1. A medical institution established and operated by a person prohibited from establishing a medical institution because he or she violated Article 33 (2) of the Medical Service Act, by borrowing a health care provider's license or the name of a medical corporation;
 2. A pharmacy established and operated by a person prohibited from establishing a pharmacy because he or she violated Article 20 (1) of the Pharmaceutical Affairs Act, by borrowing a pharmacist's license;
 3. A medical institution established and operated in violation of Article 4 (2) or 33 (8) of the Medical Service Act;
 4. A pharmacy opened and operated in violation of Article 21 (1) of the Pharmaceutical Affairs Act.
- (3) Where insurance benefits have been provided based on a false report or false testimony (including arranging another person to receive insurance benefits by transferring or lending one's own health insurance card or identification card in violation of Article 12 (5)) of the employer or the insured, or false diagnosis by a health care institution, the NHIS may require payment of the money collectible under paragraph (1) from such person or institution jointly with the person who received the insurance benefits. <Amended on May 22, 2013; Dec. 11, 2018; Dec. 29, 2020>
- (4) The NHIS may require payment of the money collectible 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 fraud or other improper means. <Amended on May 22, 2013>

- (5) Where a health care institution has received the costs of health care benefits from the insured or his or 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 or her dependent without delay. In such cases, the NHIS may offset the amount payable to the insured or his or her dependent against the insurance contributions, etc. to be paid by such insured or his or her dependent. <Amended on May 22, 2013>

Article 57-2 (Disclosure of Personal Details on Defaulters Who are in Arrears with Unjust Enrichment or Unjust Profit Collectible)

- (1) Where a health care institution liable to pay the money collectible under Article 57 (1) or (2), falling under any of the subparagraphs of paragraph (2) of that Article, or a person who has established such health care institution, fails to pay at least 100 million won in the money collectible for one year from the date immediately following its payment deadline specified in the billing under Article 79 (1), the NHIS may disclose the violation that has given rise to the money collectible, personal details on the defaulter, the amount in arrears, and other information prescribed by Presidential Decree (hereafter in this Article referred to as “personal details, etc.”): Provided, That this shall not apply if an objection under Article 87 or a request for trial under Article 88 is filed, or an administrative litigation is pending, with respect to the amount in arrears, or if there is a compelling reason prescribed by Presidential Decree not to do so, such as partial payment of the amount in arrears.
- (2) A Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall be established under the jurisdiction of the NHIS to deliberate on whether to disclose personal details, etc. under paragraph (1).
- (3) The Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall provide persons who are subject to disclosure of personal details, etc. an opportunity to defend 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) Disclosure of personal details, etc. under paragraph (1) shall be made by publishing or posting it in the Official Gazette or on the website of the NHIS.
- (5) Except as provided in paragraphs (1) through (4), matters necessary for the procedures for disclosure of personal details, etc., and for the organization and operation of the Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears, shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Dec. 3, 2019]

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.

Article 59 (Protection of Entitlement to Benefits)

- (1) Entitlement to receive insurance benefits shall be unalienable and unseizable. <Amended on May 20, 2014>
- (2) Health care costs, etc. paid into an account for receipt of health care costs, etc. under Article 56-2 (1) shall not be seized. <Newly Inserted on May 20, 2014>

Article 60 (Payment of Costs of Health Care Benefits to Soldiers 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 in this Article referred to as “health care benefits”) at an health care institution, the NHIS may pay the costs necessary therefor (hereafter in this Article referred to as “costs of health care benefits”) and the health care costs pursuant to Article 49 to be borne by it, after receiving a deposition from the Minister of Justice, the Minister of National Defense, the Commissioner of the National Police Agency, the Administrator of the National Fire Agency, or the Commissioner of the Korea Coast Guard. In such cases, as prescribed by Presidential Decree, the Minister of Justice, the Minister of National Defense, the Commissioner of the National Police Agency, the Administrator of the National Fire Agency, or the Commissioner of the Korea Coast Guard shall pre-deposit the annual costs of health care benefits and health care costs anticipated, except for the unavoidable cases in their budgets. <Amended on Nov. 19, 2014; Jul. 26, 2017; Dec. 11, 2018>
- (2) Articles 41, 41-4, 42, 42-2, 44 through 47, 47-2, 48, 49, 55, 56, 56-2, and 59 (2) shall apply mutatis mutandis to the matters concerning the health care benefits, costs of health care benefits, and health care costs. <Amended on Mar. 22, 2016; Dec. 11, 2018>

[Title Amended on Dec. 11, 2018]

Article 61 (Settlement of Costs of Health Care Benefits)

Where the Korea Workers' Compensation and Welfare Service under Article 10 of the Industrial

Accident Compensation Insurance Act claims costs of health care benefits for the health care benefits already paid pursuant to Article 40 of the Industrial Accident Compensation Insurance Act to a person eligible to receive the health care benefits pursuant to this Act because of the cancellation of the decision to pay the relevant health care benefits, the NHIS may pay an amount equivalent to the health care benefits on the condition that the health care benefits are recognized as an amount equivalent to health care benefits that can be provided pursuant to this Act.

CHAPTER V HEALTH INSURANCE REVIEW AND ASSESSMENT SERVICE

Article 62 (Establishment)

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

Article 63 (Services)

- (1) The Review and Assessment Service shall be in charge of the services referred to in the following subparagraphs: <Amended on Jun. 10, 2022>
 1. Review of the costs of health care benefits;
 2. Evaluation of the appropriateness of health care benefits;
 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 statutes;
 6. Other services entrusted under this Act or other statutes or regulations;
 7. Services determined by the Minister of Health and Welfare to be necessary in connection with health insurance;
 8. 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. for the evaluation of the appropriateness of health care benefits referred to in paragraph (1) 8, and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended on Jun. 10, 2022>

Article 64 (Legal Personality)

- (1) The Review and Assessment Service shall be a corporation.

- (2) The Review and Assessment Service shall be established at the time it registers such establishment at the location of its main office.

Article 65 (Executive Officers)

- (1) The Review and Assessment Service shall have the executive, 15 directors, and one auditor as its executive officers. In such cases, the executive director, four directors, and the auditor shall be standing. <Amended on Feb. 3, 2016>
- (2) The executive director 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 Committee for Recommendation of Executive Officers.
- (3) Standing directors shall be appointed by the executive director following the recommendation procedures prescribed by Ordinance of the Ministry of Health and Welfare.
- (4) As non-standing directors, 10 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 Economy and Finance from among the plural number of persons recommended by the Committee for Recommendation of Executive Officers.
- (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.

Article 66 (Medical Treatment Review Committee)

- (1) In order to efficiently conduct the services of the Review and Assessment Service, the Medical Treatment Review Committee (hereinafter referred to as the "Review Committee") shall be established under the Review and Assessment Service.
- (2) The Review Committee shall be comprised of not more than 90 full-time review members, including the chairperson of the Committee, and not more than 1,000 part-time review members, and it may establish a subcommittee for each area of medical specialization.
<Amended on Feb. 3, 2016>

- (3) Full-time review members referred to in paragraph (2) shall be appointed by the executive director 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 executive director 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 executive director of the Review and Assessment Service may dismiss or remove him or her:
 1. Where he or she is deemed incapable of performing his or her duties due to a physical or mental disability;
 2. Where he or she breaches or neglects an official duty;
 3. Where he or she causes loss to the Review and Assessment Service by intention or gross negligence;
 4. Where he or she does an act that causes injury to his or her dignity, regardless of whether on or off duty.
- (6) Except as provided in paragraphs (1) through (5), matters necessary for the qualifications and the term of office of the members of the Review Committee, the organization and operation of the Review Committee, etc., shall be prescribed by Ordinance of the Ministry of Health and Welfare.

Article 67 (Fundraising)

- (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.

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 such cases, 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 on May 22, 2013>

CHAPTER VI INSURANCE CONTRIBUTIONS

Article 69 (Insurance Contributions)

- (1) To meet the expenses incurred in relation to the health insurance program, the NHIS shall collect insurance contributions from the persons obligated to pay insurance contributions under in Article 77.
- (2) The insurance contributions referred to in paragraph (1) shall be collected from the month following that in which the date the insured becomes eligible falls until the month in which the date before the date the insured loses his or her eligibility falls: Provided, That where the eligibility of the insured is obtained on the first day of any month or upon his or her request for health insurance cover under Article 5 (1) 2 (a), the insurance contributions shall be collected from the relevant month. <Amended on Dec. 3, 2019>
- (3) In collecting insurance contributions under paragraphs (1) and (2), where the eligibility of the insured has been altered, the insurance contributions 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 contributions for the employee insured shall be the amount calculated as follows: <Amended on Apr. 18, 2017>
 1. The amount of insurance contributions 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 contributions based on the monthly income: The amount obtained by multiplying the amount of monthly income calculated under Article 71 by the insurance contribution rate under Article 73 (1) or (2).
- (5) The amount of the monthly insurance contributions for the self-employed insured shall be calculated per unit of household, but the insurance contributions 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.
- (6) The upper limit and lower limit of the amount of the monthly insurance contributions under paragraphs (4) and (5) shall be set in accordance with the standards prescribed by Presidential Decree, in consideration of the amount equivalent to a specified ratio of the average insurance contribution of the insured. <Newly Inserted on Apr. 18, 2017>

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. <Amended on Apr. 18, 2017>

- (2) Insurance contributions based on monthly remuneration for the insured to whom a part or all of his or her remuneration is not paid due to a leave of absence from office or other circumstances (hereinafter referred to as “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 prescribed by Presidential Decree. In such cases, 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 calculation, etc., of the amount of monthly remuneration referred to in paragraph (1) and calculation, etc., of the amount of monthly remuneration for unremunerated employers, shall be prescribed by Presidential Decree.

Article 71 (Amount of Monthly Income)

- (1) Where the amount of monthly 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 according to the following formula: <Amended on Apr. 18, 2017>
- (2) Matters necessary for calculating the amount of monthly income, including the standards for and method of the calculation, shall be prescribed by Presidential Decree.

Article 72 (Contribution Point)

- (1) The contribution point provided for in Article 69 (5) shall be calculated based on the income and property of each of the self-employed insured: Provided, That where the self-employed insured prescribed by Presidential Decree receives a loan from a financial company, etc. pursuant to subparagraph 1 of Article 2 of the Act on Real Name Financial Transactions and Confidentiality (hereinafter referred to as “financial company, etc.”) to purchase or rent a house that does not exceed the standards prescribed by Presidential Decree for the purpose of actual residence, and then gives notice to the NHIS of such fact, the amount of loan shall be excluded when calculating the contribution point, subject to assessment pursuant to Presidential Decree. <Amended on Apr. 18, 2017; Dec. 3, 2019>
- (2) In determining the method and criteria for calculating the contribution point under the provisions of paragraph (1), properties in relation to which exercise of property rights is

restricted under statutes or regulations may be treated differently from other properties.

- (3) When giving notice to the NHIS under the proviso of paragraph (1), the self-employed insured shall submit to the NHIS data or information prescribed by Presidential Decree (hereinafter referred to as “financial information, etc.”), including those on the amount of loans, among credit information defined in subparagraph 1 of Article 2 of the Credit Information Use and Protection Act, data or information about financial assets and financial transactions under subparagraphs 2 and 3, respectively, of Article 2 of the Act on Real Name Financial Transactions and Confidentiality, and the like, accompanied by documents indicating his or her consent to providing the NHIS with the financial information, etc. necessary for calculating the contribution points under the proviso of paragraph (1). <Newly Inserted on Dec. 3, 2019; Jun. 10, 2022>
- (4) Methods and criteria for calculating contribution points under paragraphs (1) and (2), and other necessary matters, shall be prescribed by Presidential Decree. <Amended on Dec. 3, 2019>

Article 72-2 (Committee on Improvement of Insurance Contribution Imposition System)

- (1) To improve a system related to the imposition of insurance contributions, a Committee on Improvement of the Insurance Contribution Imposition System (hereinafter referred to as the “System Improvement Committee”), consisting of public officials of relevant central administrative agencies and private experts, shall be established under the jurisdiction of the Minister of Health and Welfare.
- (2) The System Improvement Committee shall deliberate on the following matters:
 1. Surveys and research on the actual conditions of income of the insured ascertained;
 2. Improvement plans to ascertain income of the insured and to strengthen the imposition of insurance contributions on such income;
 3. Any other matters brought to the System Improvement Committee by the Chairperson, in connection with the improvement of a system related to the imposition of insurance contributions.
- (3) The Minister of Health and Welfare shall report results of the operation of the System Improvement Committee established under paragraph (1), to the National Assembly.
- (4) Matters necessary for the organization, operation, etc. of the System Improvement Committee, shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 18, 2017]

Article 72-3 (Evaluating Appropriateness of Insurance Contribution Imposition System)

- (1) The Minister of Health and Welfare shall evaluate the appropriateness of the standards for determination of the dependent eligibility referred to in Article 5 (hereafter in this Article

referred to as “determination standards”) and that of the criteria, method, etc. for calculating the insurance contributions, amount of monthly remuneration of the employee insured, amount of income of the employee insured, and contribution point under Articles 69 through 72 (hereafter in this Article referred to as “calculation criteria”); and adjust them four years after this Act enters into force.

- (2) Where the Minister of Health and Welfare evaluates the appropriateness under paragraph (1), he or she shall comprehensively take account of the following matters:
 1. Status of income of the insured ascertained and improvement plans therefor, which have undergone deliberation by the System Improvement Committee pursuant to Article 72-2 (2) 2;
 2. Status of income-related data owned by the NHIS;
 3. Taxation status of global income referred to in Article 4 of the Income Tax Act (including global income subject to global taxation and global income subject to separate taxation);
 4. Balance between insurance contributions imposed on the employee insured and those imposed on the self-employed insured;
 5. Changes in insurance contributions caused by adjustment of the determination standards and calculation criteria referred to in paragraph (1);
 6. Other matters prescribed by the Minister of Health and Welfare, which may be subject to the evaluation of the appropriateness.
- (3) The procedures and method for evaluating the appropriateness under paragraph (1) and other necessary matters shall be prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 18, 2017]

Article 73 (Insurance Contribution Rate)

- (1) Insurance contribution rates for the employee insured shall be prescribed by Presidential Decree, within the limit of 80/1,000 after undergoing a resolution by 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 prescribed by Presidential Decree after undergoing deliberation by the Deliberative Committee.

Article 74 (Exemption from Insurance Contributions)

- (1) Where the employee insured falls under any of subparagraphs 2 through 4 of Article 54 (in the case of subparagraph 2 of that Article, limited to cases where he or she is staying abroad for a period of at least one month prescribed by Presidential Decree: hereafter in this Article

the same shall apply), the NHIS shall exempt him or her from payment of insurance contributions: Provided, That the employee insured falling under subparagraph 2 of Article 54 shall be exempted from paying insurance contributions only if he or she does not have any dependent who resides within Korea. <Amended on Apr. 7, 2020>

- (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 contributions for the household to which such insured belongs.
- (3) For the exemption of insurance contributions under paragraph (1) or the contribution point to be excluded from the computation of insurance contributions 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 any of the following subparagraphs applies, the insurance contributions of relevant month shall not be exempted, or the contribution point shall not be exempted from the computation of insurance contributions: <Amended on Apr. 7, 2020>
 1. Where the reasons for allowance suspension cease to exist on the first day of each month;
 2. Where the insured or his or her dependent falling under subparagraph 2 of Article 54 enters Korea and receives insurance benefits in the month whereto belongs the date of entry, and then leaves Korea in the month.

Article 75 (Reduction of Insurance Contributions)

- (1) Regarding the insured prescribed by Ordinance of the Ministry of Health and Welfare from among the following insured, part of the insurance contributions of the insured or the households to which the insured belongs may be reduced:
 1. Persons who reside on islands, in remote areas or agricultural and fishery communities, etc. prescribed by Presidential Decree;
 2. Persons who are at least 65 years old;
 3. Persons with disabilities 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 of Distinguished Service to the State;
 5. Persons who take a leave of absence from office;
 6. Other persons determined and publicly notified by the Minister of Health and Welfare as the persons whose insurance contributions need to be reduced on the grounds of the economic hardship and an act of God, etc.
- (2) Where a person obligated to pay insurance contributions under Article 77 falls under any of the following, he or she may be granted such proprietary interest as reduction of insurance

contributions, as prescribed by Presidential Decree: <Newly Inserted on May 22, 2013; Apr. 23, 2019>

1. Where he or she receives a billing of insurance contributions by means of an electronic document under Article 79 (2);
2. Where he or she pays insurance contributions by means of automatic transfer from bank account or credit card.
- (3) Methods of and procedures for reducing insurance contributions under paragraph (1) and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended on May 22, 2013>

[Title Amended on May 22, 2013]

Article 76 (Burden of Insurance Contributions)

- (1) The insurance contributions 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 contributions shall be borne by the employee insured, the person prescribed in subparagraph 2 (c) of Article 3, and the State, respectively: <Amended on 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 contributions based on monthly income of the employee insured shall be borne by the employee insured.
- (3) The insurance contributions 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 on Jan. 1, 2014>

Article 77 (Obligation for Payment of Contributions)

- (1) Insurance contributions of the employee insured shall be paid by the person as follows pursuant to the following classifications:
 1. Insurance contributions 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 contributions of the relevant employee insured;

2. Insurance contributions based on monthly income: The employee insured.

- (2) Insurance contributions 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 have no income or property and minors who meet the criteria prescribed by Presidential Decree in consideration of income, property, etc., shall not be liable to pay insurance contributions. <Amended on Apr. 18, 2017>
- (3) An employer shall pay the portion of the insurance contributions for the month to be borne by the employee insured out of the insurance contributions based on monthly remuneration by deducting it from his or her remunerations. In such cases, the employer shall inform the employee insured of the amount of deduction.

Article 77-2 (Secondary Payment Obligation)

- (1) Where any deficit exists even after a corporation's property has been used to cover insurance contributions, arrears, and delinquency disposition expenses to be paid by the corporation, a partner with unlimited liability or oligopolistic stockholder as of the date obligation for payment of the insurance contributions 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 cases 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 contributions, arrears, and delinquency disposition expenses 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 on Feb. 3, 2016]

Article 78 (Due Date for Payment of Insurance Contributions)

- (1) A person who is liable to pay insurance contributions under Article 77 (1) and (2) shall pay the insured's insurance contributions for the applicable month by the tenth day of the following month: Provided, That insurance contributions based on monthly income of the employee insured and insurance contributions of the self-employed insured may be paid quarterly, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on

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 for in 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 on 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 to be 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 contributions 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 contributions 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 on Mar. 22, 2016]

Article 79 (Billing of Contributions)

- (1) When the NHIS intends to collect insurance contributions, etc., it shall determine the amount thereof and make a billing to each person who is obligated to pay it by means of written notice wherein the following matters are stated:
 1. Types of insurance contributions, etc. to be collected;
 2. Amount to be paid;
 3. Deadline for and place of payment.
- (2) If requested by a person obligated to pay the insurance contributions, when a billing is to be made under paragraph (1), the NHIS may notify it by means of an electronic document, such as exchange of electronic messages. In such cases, matters necessary for the method of, procedures for, etc. to apply for notice by means of an electronic document, shall be prescribed by Ordinance of the Minister of Health and Welfare. <Amended on 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, notice made to any one of them shall be deemed to take 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 on Feb. 3, 2016>

Article 79-2 (Payment of Contributions by Credit Card)

- (1) The person who pays insurance contributions, etc., the billing of which is made by the NHIS may pay them by credit card, debit card, etc. (hereafter in this Article referred to as “credit card, etc.”) through an institution, etc. prescribed by Presidential Decree for vicarious payment of insurance contributions, etc. (hereafter in this Article referred to as “institution for vicarious payment of insurance contributions, etc.”). <Amended on Feb. 8, 2017>
- (2) Where payment is made by credit card, etc. pursuant to paragraph (1), the date the institution for vicarious payment of insurance contributions, etc. approves it shall be deemed the date of payment.
- (3) An institution for vicarious payment of insurance contributions, etc. may collect fees from payers of insurance contributions, etc. in return for its vicarious payment of insurance contributions, etc.
- (4) Matters necessary for designating and operating institutions for vicarious payment of insurance contributions, etc., fees, etc., shall be prescribed by Presidential Decree.

[This Article Newly Inserted on May 20, 2014]

Article 80 (Arrears)

- (1) If a person obligated to pay insurance contributions, etc. fails to pay insurance contributions, etc. by the payment deadline, the NHIS shall collect the following arrears each day from the date payment thereof becomes overdue: <Amended on Feb. 3, 2016; Jan. 15, 2019>
 - 1. Where he or she fails to pay insurance contributions pursuant to Article 69 or collections

related to insurance benefits received during the period of insurance benefit suspension pursuant to Article 53 (3): An amount equivalent to 1/1,500 of the amount in arrears. In such cases, the arrears shall not exceed 20/1,000 of the amount in arrears;

2. Where he or she fails to pay collections pursuant to this Act, other than those referred to in subparagraph 1: An amount equivalent to 1/1,000 of the amount in arrears. In such cases, the arrears shall not exceed 30/1,000 of the amount in arrears.
- (2) If a person obligated to pay insurance contributions, etc. fails to pay insurance contributions, etc. in arrears, the NHIS shall collect another additional charge falling under any of the following subparagraphs in addition to the arrears under paragraph (1) each day from the date 30 days elapse after the payment due date: <Amended on Feb. 3, 2016; Jan. 15, 2019>
 1. Where he or she fails to pay insurance contributions pursuant to Article 69 or collections related to insurance benefits received during the period of insurance benefit suspension pursuant to Article 53 (3): An amount equivalent to 1/6,000 of the amount in arrears. In such cases, the arrears shall not exceed 50/1,000 of the amount in arrears;
 2. Where he or she fails to pay collections pursuant to this Act, other than those referred to in subparagraph 1: An amount equivalent to 1/3,000 of the amount in arrears. In such cases, the arrears shall not exceed 90/1,000 of the amount in arrears.
- (3) If an act of God occurs or any other unavoidable reason 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).

Article 81 (Overdue Notice of Insurance Contributions and Delinquency Disposition)

- (1) Where a person who is liable to pay insurance contributions, etc. pursuant to Articles 57, 77, 77-2, 78-2, and 101 fails to pay the insurance contributions, etc., the NHIS may make 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, 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 on Feb. 3, 2016; Mar. 22, 2016>
- (2) Where overdue notice is being made under paragraph (1), a payment period of at least 10 days, but not more than 15 days shall be determined and a letter of overdue notice shall be issued.
- (3) Where a person who receives overdue notice referred to in paragraph (1) fails to pay the insurance contributions, 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) The NHIS shall, before making a delinquency disposition pursuant to paragraph (3), send a written notice containing the details of payment in arrears of the insurance contributions, etc., the kinds of seizable property, the fact of planned seizure, and the fact of prohibition of the

seizure of small financial property under subparagraph 18 of Article 41 of the National Tax Collection Act: Provided, That this shall not apply in cases prescribed by Presidential Decree where it is necessary to urgently make a delinquency disposition, such as in case of dissolution of a corporation. <Newly Inserted on Mar. 27, 2018; Dec. 29, 2020>

- (5) Where the NHIS determines that a property seized in the same manner as national taxes in arrears under paragraph (3) or seized pursuant to Article 81-2 (1) 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 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. <Amended on Mar. 27, 2018; Nov. 26, 2019; Dec. 27, 2022>
- (6) Where the Korea Asset Management Corporation conducts an auction on behalf of the NHIS under paragraph (5), the NHIS may pay a fee, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 27, 2018>

Article 81-2 (Seizure of Unjust Enrichment or Unjust Profit Collectible)

- (1) Notwithstanding Article 81, where a health care institution that has received the costs of insurance benefits satisfies all of the following requirements, the NHIS may seize the property of the relevant health care institution or a person who has established the health care institution (referring to a person who is liable to pay the money collectible together with the relevant health care institution pursuant to paragraph (2) of that Article; hereafter in this Article the same shall apply) within the limit of the money collectible under Article 57 (1) after obtaining approval from the Minister of Health and Welfare:
 1. Where the relevant health care institution has been prosecuted for violating Article 33 (2) of the Medical Service Act or Article 20 (1) of the Pharmaceutical Affairs Act;
 2. Where it is necessary to seize the property of the relevant health care institution or a person who has established the health care institution through compulsory execution, compulsory collection of national taxes because any cause prescribed by Presidential Decree exists.
- (2) Where the NHIS seizes property pursuant to paragraph (1), it shall give notice of such seizure to the relevant health care institution or a person who has established the health care institution in writing.
- (3) The NHIS shall immediately release the seizure under paragraph (1) in any of the following cases:
 1. Where a person upon receipt of notice given under paragraph (2) files a request for a release from the seizure after offering another property equivalent to the money collectible under Article 57 (1) as collateral;
 2. Where the relevant health care institution is not found guilty for violating Article 33 (2) of the Medical Service Act or Article 20 (1) of the Pharmaceutical Affairs Act based on any

ground prescribed by Presidential Decree such as the judgment of acquittal by a court becoming final and conclusive.

- (4) Except as provided in this Act, the National Tax Collection Act shall apply mutatis mutandis to seizure under paragraph (1) and release from seizure under paragraph (3).

[This Article Newly Inserted on Dec. 27, 2022]

[Previous Article 81-2 moved to Article 81-3 <Dec. 27, 2022>]

Article 81-3 (Provision of Data concerning Delinquency or Disposition on Deficits)

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

[This Article Newly Inserted on May 22, 2013]

[Moved from Article 81-2; previous Article 81-3 moved to Article 81-4 <Dec. 27, 2022>]

Article 81-4 (Certification of Payment of Insurance Contributions)

- (1) Where a person obligated to pay insurance contributions pursuant to Article 77 (hereafter in this Article referred to as “person obligated to make payment”) 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 (hereafter in this Article referred to as “public institution”), the person shall certify the fact that he or she has paid insurance

contributions, subsequent arrears, and delinquency disposition expenses: 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 contributions in arrears.

- (2) Where a person obligated to make payment needs to certify that he or 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 contributions, subsequent arrears, and delinquency disposition expenses after obtaining consent from the person, instead of certifying payment under paragraph (1).

[This Article Newly Inserted on Feb. 3, 2016]

[Moved from Article 81-3; previous Article 81-4 moved to Article 81-5 <Dec. 27, 2022>]

Article 81-5 (Service of Documents)

The provisions of Articles 8 (excluding the proviso of paragraph (2) of that Article) through 12 of the Framework Act on National Taxes shall apply mutatis mutandis to the service of documents pertaining to Articles 79 and 81: Provided, That when the service is made by mail, the method shall be as prescribed by Presidential Decree.

[This Article Newly Inserted on Apr. 23, 2019]

[Moved from Article 81-4 <Dec. 27, 2022>]

Article 82 (Installment Payments of Insurance Contributions in Arrears)

- (1) Where a person who has been in arrears with insurance contributions at least three times in applies for the payment of insurance contributions in installments, the NHIS may grant approval therefor, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 27, 2018>
- (2) Before making a delinquency disposition under Article 81 (3) against a person who has been in arrears with insurance contributions three times or more, the NHIS shall inform such person that he or she can apply for payment of insurance contributions in installments under paragraph (1), and guide the matters concerning procedures and methods for applying for payment of insurance contributions in installments, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Mar. 27, 2018>
- (3) Where a person who obtains approval for the payment of insurance contributions in installments pursuant to paragraph (1) fails to pay the approved insurance contributions at least five times (if the number of installments approved under paragraph (1) is less than five times, it means the number of installments) without good cause, the NHIS shall revoke its approval for payment of his or her insurance contributions in installments. <Amended on Mar. 27, 2018; Apr. 23, 2019>
- (4) Matters necessary for procedures for, methods of and standards for, etc. approval, and the

revocation of approval to pay insurance contributions in installments shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 27, 2018>

Article 83 (Disclosure of Personal Details of Payers in Arrears with Large Amount or in Habitual Arrears)

- (1) Where a person who has defaulted in the payment of insurance contributions, arrears, and delinquency disposition expenses (including insurance contributions, arrears and delinquency disposition expenses which have been written off under Article 84 but the extinctive prescription for which has not run out) which have been in arrears for more than one year from the day following the payment due date under this Act in the amount of not less 10 million won in total despite the fact that he or she has the ability to pay them, the NHIS may disclose his or her personal details, amount in arrears, etc. (hereafter in this Article referred to as “personal details, etc.”): Provided, That this shall not apply where an objection pursuant to Article 87 or a request for trial pursuant to Article 88 is filed, or an administrative litigation is pending, in regard to insurance contributions in arrears, arrears, or delinquency disposition expenses or where any cause prescribed by Presidential Decree, such as partial payment of the amount in arrears, exists. <Amended on Apr. 23, 2019>
- (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 details, etc. under paragraph (1) of persons in arrears.
- (3) The Deliberative Committee on Disclosure of Insurance Contribution Information shall provide persons who are subject to disclosure of personal details, etc. an opportunity to defend 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 details, etc. of persons in arrears 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 details, etc. of persons in arrears under paragraphs (1) through (4) shall be prescribed by Presidential Decree.

Article 84 (Disposition on Deficits)

- (1) Where any of the following grounds occurs, the NHIS may write off insurance contributions, etc. as deficit after obtaining a resolution by the Financial Operation Committee:
 1. Where the delinquency disposition 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 prescribed by Presidential Decree where the possibility of collection is recognized nonexistent.
- (2) Where the NHIS discovers the existence of other seizable properties after the disposition on deficits under paragraph (1) 3, it shall cancel the disposition without delay and effect a delinquency disposition.

Article 85 (Precedence of Collection of Insurance Contributions)

Insurance contributions, etc. shall be collected preferentially 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 and Claims where a property 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 and Claims has been verified is sold prior to the due date for the payment of the insurance contributions, and the insurance contributions are collected from the proceeds from sale of such property.

Article 86 (Appropriation for and Return of Insurance Contributions)

- (1) Where any payment of the insurance contributions, etc., arrears, or delinquency disposition expenses is overpaid or erroneously paid by a person liable to make such payment, the NHIS shall appropriate the overpayment or erroneous payment first for the insurance contributions, etc., arrears, or delinquency disposition expenses, as prescribed by Presidential Decree. <Amended on Dec. 3, 2019>
- (2) The NHIS shall refund any balance remaining after the appropriation pursuant to paragraph (1) to the person liable to make payment, as prescribed by Presidential Decree. <Amended on Dec. 3, 2019>
- (3) In the cases of paragraphs (1) and (2), interest prescribed by Presidential Decree shall be added to the overpayment or erroneous payment. <Newly on Dec. 3, 2019>

CHAPTER VII FILING OF OBJECTIONS AND REQUESTS FOR TRIAL

Article 87 (Raising Objections)

- (1) A person not satisfied with the decisions of the NHIS on the eligibility, insurance contributions, etc., insurance benefits, and insurance benefit costs for the insured or his or her dependents, may formally raise an 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 benefits and health care benefits may formally raise an 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 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 good cause.
- (4) Notwithstanding the main clause 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 it receives notice referred to in paragraph (2) of that Article.
- (5) Except as provided in paragraphs (1) through (4), matters necessary for the method of raising an objection and decision thereon, and notice of the decision, etc., shall be prescribed by Presidential Decree.

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 87 (1) or (2) or with the Health Insurance Dispute Mediation Committee under Article 89.
- (3) Except as provided in paragraphs (1) and (2), matters necessary for the procedure and method for filing a request for trial, decision, notification of such decision, etc., shall be prescribed by Presidential Decree.

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 members, including one chairperson, and one member, excluding the chairperson, shall be an ex officio member. In such cases, members who are not public officials shall comprise a majority of the total members of the Committee. <Amended on Jan. 1, 2014; Dec. 11, 2018>
- (3) The meetings of the Dispute Mediation Committee shall have a total of nine members, including the chairperson, one ex officio member, and seven members as designated by the chairperson each time a meeting is held, whose majority shall be those who are not public

officials. <Amended on Dec. 11, 2018>

- (4) Resolutions of the Dispute Mediation Committee shall be passed by the attendance of a majority of the members under paragraph (3) and the concurring vote of at least a majority of those present.
- (5) A secretariat shall be established under the Dispute Mediation Committee to provide assistance at working level. <Newly Inserted on Jan. 1, 2014>
- (6) Except as provided in paragraphs (1) through (5), matters necessary for the composition and operation, etc. of the Dispute Mediation Committee and the secretariat shall be prescribed by Presidential Decree. <Amended on Jan. 1, 2014>
- (7) In 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 on Feb. 3, 2016>

Article 90 (Administrative Litigation)

A person who has any 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 on Mar. 22, 2016>
 1. Entitlement to collect insurance contributions, arrears, and additional charges;
 2. Entitlement to be refunded any excessive or mistaken amount paid as insurance contributions, 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 contributions;

2. A claim for insurance benefit or insurance benefit costs.
- (3) The extinctive prescription of the right to collect insurance contributions 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 as provided 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 governed by the Civil Act.

Article 92 (Calculation of Periods)

Except as provided 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.

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 or 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 good cause.

Article 94 (Reporting)

- (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; hereinafter the same shall apply): <Amended on 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.

Article 95 (Forwarding 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 or 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.

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 on 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 contributions, 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 benefits and to assess the appropriateness of health care benefits. <Amended on May 20, 2014>
- (3) The Minister of Health and Welfare may request the head of the relevant administrative agency to submit data necessary for reducing the upper limit amount of costs of health care benefits for medicines and suspending the application of health care benefits pursuant to Article 41-2. <Newly Inserted on Mar. 27, 2018>
- (4) Those in receipt of a request to submit materials under paragraphs (1) and (3) shall sincerely comply therewith. <Amended on Mar. 27, 2018>
- (5) 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 on Mar. 22, 2016; Mar. 27, 2018>

- (6) 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 on Mar. 22, 2016; Mar. 27, 2018>

Article 96-2 (Provision of Financial Information)

- (1) If necessary to calculate contribution points of the self-employed insured under the proviso of Article 72 (1), the NHIS may request the head of a credit information collection agency defined in subparagraph 6 of Article 2 of the Credit Information Use and Protection Act (hereafter in this Article, referred to as “financial institution, etc.”) to provide financial information, etc. with a document electronically converted from a written consent submitted by the self-employed insured under Article 72 (3), notwithstanding Article 32 of the Credit Information Use and Protection Act and Article 4 (1) of the Act on Real Name Financial Transactions and Confidentiality <Amended on Jun. 10, 2022>
- (2) Upon receipt of a request for the provision of financial information, etc. under paragraph (1), the head of a financial institution, etc. shall provide the financial information, etc. of the relevant title holder, notwithstanding Article 32 of the Credit Information Use and Protection Act and Article 4 of the Act on Real Name Financial Transactions and Confidentiality. <Amended on Jun. 10, 2022>
- (3) The head of a financial institution, etc. who has provided financial information, etc. pursuant to paragraph (2) shall notify the title holder of the fact that he or she has provided the financial information, etc.: Provided, That he or she need not give such notice with consent of the title holder, notwithstanding Articles 32 (7) and 35 (2) of the Credit Information Use and Protection Act and Article 4-2 (1) of the Act on Real Name Financial Transactions and Confidentiality. <Amended on Jun. 10, 2022>
- (4) Except as provided in paragraphs (1) through (3), matters necessary for requests and procedures for the provision of financial information, etc. shall be prescribed by Presidential Decree. <Amended on Jun. 10, 2022>

[This Article Newly Inserted on Dec. 3, 2019]

[Title Amended on Jun. 10, 2022]

[Previous Article 96-2 moved to Article 96-3 <Dec. 29, 2020>]

Article 96-3 (Data Matching of Computerized Family Relationship Registration Information)

- (1) To conduct the affairs referred to in Article 96 (1), the NHIS may share (including the processing defined in subparagraph 2 of Article 2 of the Personal Information Protection Act) computerized information data referred to in Article 9 of the Act on the Registration of Family

Relations according to the Electronic Government Act:

- (2) Where the NHIS requests the joint use of computerized information data under paragraph (1), the Minister of the National Court Administration shall take measures necessary for such joint use.
- (3) No one shall use the computerized information linked under paragraph (1) for any purpose other than its original purpose.

[This Article Newly Inserted on Dec. 29, 2020]

[Previous Article 96-3 moved to Article 96-4 <Dec. 29, 2020>]

Article 96-4 (Preservation of Documents)

- (1) A health care institution shall store the documents related to any claim for costs of health care benefits under Article 47 for five years from the date of the end of provision of such health care benefits, 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 store prescriptions for three years from the date the relevant costs of health care benefits are claimed.
- (2) An employer shall store documents related to health insurance including management of the eligibility requirements and calculation of insurance contributions for three years, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (3) A quasi-health care institution that has filed a claim for health care costs pursuant to Article 49 (3) shall retain the documents related to the claim for health care costs, as prescribed by Ordinance of the Ministry of Health and Welfare for three years from the date the health care costs are paid. <Newly Inserted on Dec. 29, 2020>
- (4) A person who has filed a claim for insurance benefits for any assistive device pursuant to Article 51 (2) shall retain documents concerning claims for insurance benefits for three years from the date he or she receives insurance benefits, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Dec. 29, 2020>

[This Article Newly Inserted on May 22, 2013]

[Moved from Article 96-3 <Dec. 29, 2020>]

Article 97 (Report and Inspection)

- (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 or 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 or 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 relevant insurance benefit or require public officials under his or her charge to question the person.
- (4) The Minister of Health and Welfare may order an organization that is assigned to vicariously request a review of the costs of health care benefits pursuant to Article 47 (7) (hereinafter referred to as “vicarious claim organization”) to submit necessary materials or require public officials under his or her charge to investigate and verify the materials, etc. pertaining to the vicarious claims. <Amended on Dec. 27, 2022>
- (5) If necessary for reducing the upper limit amount of costs of health care benefits for medicines and suspending the application of health care benefits pursuant to Article 41-2, the Minister of Health and Welfare may order a drug provider under Article 47 (2) of the Pharmaceutical Affairs Act to make a report of, or submit materials concerning, any such violation of the sale order of drugs as is caused by providing cash, goods, convenience, labor, entertainment or other economic benefits, or may direct a public official of the Ministry of Health and Welfare to inquire of the related person or inspect the related documents. <Newly Inserted on Mar. 27, 2018>
- (6) Public officials who conduct an investigation under paragraphs (1) through (5) shall carry documents indicating their authority and produce them to related persons. <Amended on Mar. 27, 2018>

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 on Feb. 3, 2016>
 1. Where it places the burden of bearing costs of health care benefits 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 good cause.
- (2) A person who has been ordered to suspend operation under the provisions of paragraph (1) shall not provide health care benefits 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 where any procedure of the disposition of suspension of operation is pending, it may proceed regarding 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 where he or she or it proves that he or 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.

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 of the amount not exceeding five times the amount to be imposed on conducts by fraud or other improper means 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 on Feb. 3, 2016>
- (2) Where the Minister of Health and Welfare suspends any medicine from health care benefits under Article 41-2 (3), the Minister may impose and collect a penalty surcharge in any of the following cases within the scope of each of the following subparagraphs, as prescribed by Presidential Decree, in lieu of the suspension thereof from the health care benefits; in such cases, the Minister of Health and Welfare may have it paid in installments within 12 months: <Newly Inserted on Jan. 1, 2014; Mar. 27, 2018; Jun. 8, 2021>
 1. When it is expected to interfere with public welfare, such as causing inconvenience to patient care: The scope shall not exceed 200/100 of the total costs of health care benefits for the relevant medicine;
 2. When it is recognized that there are special reasons, such as it is expected to pose a serious risk to public health: The scope shall not exceed 60/100 of the total costs of health care benefits for the relevant medicine.

- (3) Where any medicine subject to the imposition of a penalty surcharge pursuant to the former part of paragraph (2) becomes again subject to the imposition of a penalty surcharge pursuant to the former part of paragraph (2) within the period prescribed by Presidential Decree to the extent of five years from the date when a penalty surcharge is imposed, the Minister of Health and Welfare may impose and collect a penalty surcharge according to the following classifications, as prescribed by Presidential Decree: <Newly Inserted on Mar. 27, 2018; Jun. 8, 2021>
 1. In the case that a penalty surcharge is imposed for the reasons specified in paragraph (2) 1: The extent not exceeding 350/100 of the total amount of costs of health care benefits for the relevant medicine;
 2. In the case that a penalty surcharge is imposed for the reasons specified in paragraph (2) 2: The extent not exceeding 100/100 of the total amount of costs of health care benefits for the relevant medicine.
- (4) The total amount of costs of health care benefits for the relevant medicine to be prescribed by Presidential Decree under paragraphs (2) and (3) shall not exceed the total amount of health care benefits paid for one year taking into consideration the record, etc. of health care benefits for the relevant medicine paid in the past. <Newly Inserted on Jan. 1, 2014; Mar. 27, 2018>
- (5) Where a person liable to pay a penalty surcharge under paragraph (1) fails to pay it by the time-limit, the Minister of Health and Welfare shall revoke 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 the penalty surcharge in the same manner as delinquent national taxes: Provided, That if it is impossible to take a disposition of suspending operation under Article 98 (1), due to discontinuance, etc. of business of the relevant health care institution, the penalty surcharge shall be collected in the same manner as delinquent national taxes are collected. <Amended on Mar. 22, 2016; Mar. 27, 2018>
- (6) Where a person liable to pay a penalty surcharge under paragraph (2) or (3) 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 on Mar. 22, 2016; Mar. 27, 2018>
- (7) 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 on Jan. 1, 2014; Mar. 22, 2016; Mar. 27, 2018>
 1. Taxpayer's personal information;
 2. Purpose of use;
 3. Grounds and standards for imposition of the penalty surcharge.
- (8) The penalty surcharge collected pursuant to paragraphs (1) through (3) shall not be used for purposes other than the following; in such cases, the penalty surcharge collected pursuant to

paragraphs (2) 1 and (3) 1 shall be used for the purpose of subparagraph 3: <Amended on Jan. 1, 2014; Mar. 22, 2016; Jan. 16, 2018; Mar. 27, 2018; Jun. 8, 2021>

1. Funds that the NHIS provides as costs of health care benefits pursuant to Article 47 (3);
 2. Support for the emergency medical service fund referred to in the Emergency Medical Service Act;
 3. Support for projects for supporting disastrous medical expenses under the Act on Support of Disastrous Medical Expenses.
- (9) Matters necessary for the amount of penalty surcharges under paragraphs (1) through (3) and the payment thereof, and necessary matters concerning the amounts of, and procedures for, support by use granted from penalty surcharges referred to in paragraph (8) shall be prescribed by Presidential Decree. <Amended on Jan. 1, 2014; Mar. 22, 2016; Mar. 27, 2018>

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 benefits 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 15 million won;
 2. The rate of amount claimed in falsehood exceeds 20/100 of the total amount of costs of health care benefits.
- (2) The Minister of Health and Welfare shall establish and operate the Health Insurance Publication Deliberation Committee (hereafter in this Article referred to as the "Publication Deliberation Committee") 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) Except as provided in paragraphs (1) through (4), matters necessary for the procedure for and method of publication, organization and operation, etc. of the Publication Deliberation Committee shall be prescribed by Presidential Decree.

Article 101 (Prohibited Acts of Manufacturers)

- (1) No manufacturer, operator of a manufacture by entrustment and sale business, importer, and 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 or her dependent by committing any of the following acts, in determining items eligible for health care benefits pursuant to Article 41-3 or in calculating the costs of health care benefits pursuant to Article 46, in relation to medicines and materials for medical treatment: <Amended on 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 benefits and the calculation of the costs of health care benefits, by fraud or other improper 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 relevant documents, or assigning public officials under his or her control to ask questions to the related persons or inspect the relevant documents. 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 or her dependent, in violation of paragraph (1), the NHIS shall collect an amount equivalent to the loss (hereafter in this Article referred to as “amount equivalent to the loss”) from such manufacturer, etc. <Newly Inserted on Feb. 3, 2016>
- (4) The NHIS shall pay the insured or his or her dependent an amount corresponding to the loss he or 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 or her dependent by the insurance contributions, etc. to be paid by him or her. <Newly Inserted on 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 on Feb. 3, 2016>

Article 102 (Maintaining Information)

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 on Mar. 22, 2016; Apr. 23, 2019>

1. Divulging 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, using such information for any purpose other than performing his or her duties, or providing such information to a third party without good cause;
2. Divulging any information learned in the course of performing his or her duties (excluding personal information referred to in subparagraph 1), using such information for any purpose other than performing his or her duties, or providing such information to a third party.

[Title Amended on Mar. 22, 2016]

Article 103 (Supervision of NHIS)

- (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: <Amended on Jun. 10, 2022>
 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 8;
 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 or regulations;
 4. Other projects related to the matters prescribed by related statutes or regulations.
- (2) Where necessary for supervision under paragraph (1), the Minister of Health and Welfare may order to amend the articles of incorporation or regulations, or order other necessary dispositions.

Article 104 (Payment of Monetary Awards)

- (1) The NHIS may pay a monetary award to any of the following persons or a person who reports property: Provided, That this shall not apply where a public official reports any concealed property pursuant to subparagraph 4 in connection with his or her duties: <Amended on Dec. 29, 2020; Dec. 27, 2022>
 1. A person who has received insurance benefits by fraud or other improper means;

2. A person who arranges another person to receive insurance benefits by fraud or other improper means;
 3. A health care institution that receives insurance benefit costs or a quasi-health care institution or an assistive device seller who receives insurance benefit by fraud or other improper means;
 4. Concealed property of a person liable to pay money collectible under Article 57.
- (2) The NHIS may provide an incentive to a health care institution that has contributed to the efficient financial management of health insurance. <Newly Inserted on May 22, 2013>
- (3) “Concealed property” in paragraph (1) 4 means cash, deposits, stocks, or other tangible or intangible property concealed by a person liable to pay money collectible: Provided, That any of the following property shall be excluded herefrom: <Newly Inserted on Dec. 27, 2020>
1. Property which becomes subject to litigation seeking revocation of fraudulent acts pursuant to the relevant statutes or regulations, such as Article 406 of the Civil Act;
 2. Concealed property into which the NHIS has launched investigations or against which the NHIS started the procedures for compulsory collection;
 3. Other property prescribed by Presidential Decree, regarding which the filing of a concealed property report is deemed unnecessary.
- (4) Matters necessary for the criteria for and scope of payment of a monetary award 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 on May 22, 2013; Dec. 27, 2022>

[Title Amended on May 22, 2013]

Article 105 (Prohibition of 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.

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 or her dependent, which may be disposed of by offsetting under Article 47 (5), 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 on May 22, 2013; Feb. 3, 2016; Dec. 27, 2022>

Article 107 (Disposal of Fractional Sum)

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

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 contributions 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 that Act.
- (3) The NHIS shall appropriate financial resources provided pursuant to paragraph (1) for the following purposes: <Amended on 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 contributions 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 senior citizens who are at least 65 years old, from among the insured and their dependents.

[This Article shall remain effective until Dec. 31, 2022 in accordance with the provisions of Article 2 of the Addenda to Act No. 11141 (Dec. 31, 2011)]

Article 109 (Special Cases concerning Foreigners)

- (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 or she does not fall under any subparagraph of Article 6 (2) but falls under any of the following: <Amended on 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 or 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 or she shall become the self-employed insured, notwithstanding Article 5: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>
 1. The relevant person shall fall under the ground prescribed by Ordinance of the Ministry of Health and Welfare that he or 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 or she may become a dependent, notwithstanding Article 5, if he or she files an application with the NHIS: <Newly Inserted on 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 or she falls under any of the following cases: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>
 1. Where the relevant person's stay in Korea violates any Act and any ground prescribed by Presidential Decree exists;
 2. Where a foreigner, etc. residing in Korea is eligible for medical guarantee equivalent to health care benefits referred to in Article 41 in accordance with foreign statutes, a foreign insurance or a contract concluded with his or her employer, and thus the employer or insured requests the exclusion of him or 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 timing, procedures, etc. for acquisition and loss of the eligibility of the insured or dependents by foreigners, etc. residing in Korea, except as otherwise expressly 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 on 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 or she acquired the eligibility falls, due to any ground publicly notified by the Minister of Health and Welfare, the insurance contributions for the month in which the date the eligibility was acquired falls shall be imposed and collected, notwithstanding the main clause of Article 69 (2). <Newly Inserted on Mar. 22, 2016>

- (8) The insurance contributions for the self-employed insured who fall under foreigners, etc. residing in Korea (limited to those subject to the proviso of paragraph (9)) shall be paid by the 25th day of the immediately preceding month, notwithstanding the main clause of Article 78 (1): Provided, That in any of the following cases, the insurance contributions shall be paid as determined by the NHIS: <Newly Inserted on Mar. 22, 2016; Jan. 15, 2019>
 1. Where the insurance contributions 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) Except as provided in paragraphs (7) and (8), Articles 69 through 86 shall apply mutatis mutandis to matters on the imposition and collection of insurance contributions for foreigners, etc. residing in Korea who are the insured: Provided, That matters on the imposition and collection of insurance contributions 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 on Mar. 22, 2016>
- (10) Where a foreigner, etc. residing in Korea (limited to those subject to the proviso of paragraph (9)) who is the self-employed insured fails to pay insurance contributions, the NHIS shall not provide insurance benefits until the delinquent insurance contributions are paid in full, beginning with the date the foreigner, etc. falls into arrears, notwithstanding Article 53 (3). In such cases, the proviso, with the exception of the subparagraphs, of Article 53 (3) and paragraphs (5) and (6) of that Article shall not apply. <Newly Inserted on Jan. 15, 2019>

Article 110 (Special Cases concerning the Unemployed)

- (1) From among the persons whose employment relationship has expired, those whose total period of having retained eligibility for the employee insured is not less than one year during the period prescribed by Ordinance of the Ministry of Health and Welfare may file an application with the NHIS for retaining his or her eligibility as the employee insured by the date two months elapse after the due date for the payment of the insurance contributions stated in the first notice he or she receives as the self-employed insured under Article 79. <Amended on May 22, 2013; Jan. 16, 2018>
- (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 or her eligibility during the period prescribed by Presidential Decree: Provided, That where he or she

fails to pay the first insurance contributions 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 or her eligibility shall be suspended. <Newly Inserted on May 22, 2013>

- (3) The amount of monthly remuneration of a voluntarily continuous insured person shall be the average amount of his or her monthly remuneration in recent 12 months during which the amounts of insurance contributions based on monthly remuneration have been calculated <Amended on May 22, 2013; Jan. 16, 2018>
- (4) Part of the insurance contributions of a voluntarily continuous insured person may be reduced, as publicly notified by the Minister of Health and Welfare. <Amended on May 22, 2013>
- (5) Total amount of the insurance contributions of voluntarily continuous insured persons shall be borne and paid by them notwithstanding Articles 76 (1) and 77 (1) 1. <Amended on May 22, 2013>
- (6) Where a voluntarily continuous insured person fails to pay the insurance contributions by a payment due date, Article 53 (3), (5) and (6) of shall apply mutatis mutandis. In such cases, “per household insurance contributions referred to in Article 69 (5)” shall be construed as “insurance contributions pursuant to Article 110 (5)”. <Amended on May 22, 2013>
- (7) Matters relating to the methods of 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 on May 22, 2013>

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.

Article 112 (Entrustment of Affairs)

- (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 contributions and verifying payment of insurance contributions;
 2. Payment of insurance benefit costs;
 3. Receipt of pension insurance contributions, employment insurance contributions, employment insurance and industrial accident compensation insurance contributions, contributions, and other charges (hereinafter referred to as “insurance contributions, etc. entrusted for collection”) collected according to the entrustment of the applicable Acts to the entrustment of collection, or verification of payment of insurance contributions.

- (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 contributions and insurance contributions entrusted for collection. <Amended on 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 and Payment of Insurance Contributions Entrusted with Collection)

- (1) Where the amount of insurance contributions collected by the NHIS, subsequent fees, or insurance contributions, 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 contributions, etc. entrusted with collection, it shall pay such, without delay, to the relevant funds by insurance.

Article 114 (Purposes 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, the Industrial Accident Compensation Insurance Fund, the Employment Insurance Fund, and the Wage Claim Guarantee Fund under the National Pension Act, the Industrial Accident Compensation Insurance Act, the Employment Insurance Act, and the Wage Claim Guarantee Act.
- (2) Matters necessary for the management, operation, etc. of contributions received under paragraph (1) shall be prescribed by Presidential Decree.

Article 114-2 (Legal Fiction as Public Officials in Application of Penalty Provisions)

Non-public official members of the Deliberative Committee under Article 4 (1) and of the Health Insurance Publication Deliberation Committee under Article 100 (2) shall be deemed to be public officials in applying Articles 127 and 129 through 132 of the Criminal Act.

[This Article Newly Inserted on Jan. 15, 2019]

CHAPTER IX PENALTY PROVISIONS

Article 115 (Penalty Provisions)

- (1) A person who divulges personal information of the insured or their dependents, uses such information for any purpose other than to perform his or her duties or provides such information to a third party without good cause in violation of subparagraph 1 of Article 102 shall be punished by imprisonment with labor for not more than five years, or by a fine not exceeding 50 million won. <Newly Inserted on Mar. 22, 2016; Apr. 23, 2019>
- (2) Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: <Amended on Mar. 22, 2016; Apr. 23, 2019>
 1. A person who works for a vicarious claim organization and files a claim for costs of health care benefits by fraud or other improper means;
 2. A person who divulges any information learned in the course of performing his or her duties, uses such information for any purpose other than to perform his or her duties or provides such information to a third party, in violation of subparagraph 2 of Article 102.
- (3) Any person who uses or utilizes computerized information data shared in violation of 96-3 (3) for purposes other than those under paragraph (1) of that Article shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 10 million won. <Amended on Dec. 29, 2020>
- (4) A person who receives or arranges another person to receive insurance benefits by fraud or other improper means shall be punished by imprisonment with labor for not more than two years, or by a fine not exceeding 20 million won. <Newly Inserted on Apr. 23, 2019; Dec. 29, 2020>
- (5) 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 on May 22, 2013; Mar. 22, 2016; Apr. 23, 2019; Dec. 29, 2020; Dec. 27, 2022>
 1. The founder of a health care institution who provides selective benefit, in violation of Article 42-2 (1) or (3);
 2. A person who authorizes any other person that is not a vicarious claim organization to act on his or her behalf, in violation of Article 47 (7);
 3. An employer who violates Article 93;
 4. The founder of a health care institution, who violates Article 98 (2);
 5. Deleted. <Apr. 23, 2019>

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.

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.

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 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.

Article 119 (Administrative Fines)

- (1) Deleted. <May 22, 2013>
- (2) Deleted. <May 22, 2013>
- (3) A person who falls under any of the following subparagraphs shall be subject to an administrative fine not exceeding five million won: <Amended on Mar. 22, 2016, Mar. 27, 2018>
 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 good cause, 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 good cause, or makes a false report or submits false documents, in violation of Article 97 (1), (3), (4), or (5);
 4. A person who fails to notify, without delay, the fact that he or 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 good cause, in violation of Article 101 (2).
- (4) Any of the following persons shall be subject to an administrative fine not exceeding one million won: <Amended on May 22, 2013; Dec. 29, 2020>
 1. Deleted; <Mar. 22, 2016>
 2. Deleted; <Dec. 11, 2018>
 3. Deleted; <Mar. 22, 2016>

4. A person who fails to preserve documents in violation of Article 96-4;
 5. A person who violates an order issued under Article 103;
 6. Any 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 on May 22, 2013>

**ENFORCEMENT DECREE
OF THE NATIONAL HEALTH
INSURANCE ACT**

02

ENFORCEMENT DECREE OF THE NATIONAL HEALTH INSURANCE ACT

[Enforcement Date 01. Jul, 2023.]

[Presidential Decree No.33593, 27. Jun, 2023., Amendment by Other Act]

CHAPTER I GENERAL PROVISIONS

Article 1 (Purpose)

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

Article 2 (Head of Organ Who is Employer)

“Who is prescribed by Presidential Decree” in subparagraph 2 (b) of Article 3 of the National Health Insurance Act (hereinafter referred to as the “Act”) means heads of organizations referred to 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 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 paragraph (3) of that Article (hereinafter referred to as “implementation plan”), he or she shall do so by the time classified as follows:

1. Comprehensive plan: By September 30 of the year immediately preceding the enforcement year;
2. Implementation plan: By December 31 of the year immediately preceding the enforcement year.

- (2) Where the Minister of Health and Welfare formulates or modifies a comprehensive plan or implementation plan, he or 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 or 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 or she shall reflect results of the evaluation in both the comprehensive plan and implementation plan to be formulated thereafter.
- (5) Except as provided in paragraphs (1) through (4), details necessary for the formulation, implementation, evaluation, etc. of comprehensive plans or implementation plans, shall be determined and publicly notified by the Minister of Health and Welfare.

[This Article Newly Inserted on Aug. 2, 2016]

Article 2-3 (Matters to Be Included into Comprehensive Plans)

“Matters prescribed by Presidential Decree” 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 that the Minister of Health and Welfare particularly deems necessary to improve the health insurance.

[This Article Newly Inserted on Aug. 2, 2016]

Article 3 (Matters Subject to Deliberation and Resolution by Deliberative Committee)

“Matters prescribed by Presidential Decree” in Article 4 (1) 6 of the Act means any of the following matters: <Amended on Aug. 2, 2016>

1. The relative point value of each item of health care benefits provided for in Article 21 (2);
2. The upper-limit on the costs of the health care benefits 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.

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 means public officials, each one of whom is nominated by the head of an administrative agency for which he or she works, from among the public officials of Grade III who belong to the Ministry of Economy and Finance, or the Ministry of Health and Welfare or the public officials in general service who belong to the Senior Executive Service.

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, in any of the following cases:

1. The member becomes unable to perform his or her duties due to any mental or physical disability;
2. The member commits misconduct in relation to his or her duties as a member;
3. The member is deemed inappropriate 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 or her duties.

[This Article Newly Inserted on Dec. 31, 2015]

Article 5 (Chairperson 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 or her duties due to any unavoidable reasons.

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 the members of the Deliberative Committee shall constitute a quorum, and any decision thereof shall require the concurring vote of 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) Where it is deemed necessary to ensure its efficient deliberation, the Deliberative Committee may set up subcommittees by field.
- (6) Except as provided in paragraphs (1) through (5), necessary matters concerning the operation of the Deliberative Committee and the subcommittees shall be determined by the Chairperson after undergoing the resolution thereon by the Deliberative Committee.

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 Executive Service.

Article 8 (Allowances of Members of Deliberative Committee)

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

CHAPTER II THE INSURED

Article 9 (Persons Excluded from the Employee Insured)

“Workers and employers of workplaces prescribed by Presidential Decree, ... public officials, and school employees” in Article 6 (2) 4 of the Act means 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 school employees, or public officials or school employees 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 9-2 (Services of the NHIS)

“Programs prescribed by Presidential Decree” in Article 14 (1) 4 of the Act means the following:

1. Building and operating the electronic health information system for health management of the insured and their dependents;
2. Developing and providing programs or service for health management by life cycle, workplace, and function;
3. Collecting, analyzing, and researching information on major diseases by age, sex, and profession, and providing management plans;
4. Providing information on major chronic diseases, including high blood pressure and diabetics, and supporting health management;
5. Supporting a health management program by region through connection and cooperation with the regional health care institutions under subparagraph 1 of Article 2 of the Regional Public Health Act;
6. Other programs equivalent to those prescribed in subparagraphs 1 through 5, which the Minister of Health and Welfare deems particularly necessary for the health management of the insured and their dependents.

[This Article Newly Inserted on Aug. 1, 2017]

Article 10 (Executive Officer Who Is Public Official)

Pursuant to Article 20 (4) 2 of the Act, the Minister of Economy 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 Executive Service. <Amended on Mar. 23, 2013; Nov. 19, 2014; 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, any of the following matters shall undergo deliberation and resolution at meetings of the board of directors of the NHIS (hereinafter referred to as “board of directors”): Provided, That matters subject to deliberation and resolution by the Deliberative

Committee under Article 4 (1) of the Act and those subject to deliberation and resolution by the Financial Operation Committee under Article 33 of the Act (hereinafter referred to as the “Financial Operation Committee”) 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 loans 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 prescribed 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 operating the board of directors shall be prescribed by the articles of incorporation of the NHIS.

Article 13 (Delegation of Authority of President)

“Those prescribed by Presidential Decree” in Article 32 of the Act means the following authority:

1. Authority for management of eligibility 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 eligibility 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 contributions, employment insurance contributions, industrial accident compensation insurance contributions, contributions, and other charges entrusted (hereinafter referred to as “insurance contributions, etc. entrusted with collection”) 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 with collection”), including the authority to billing of insurance contributions, etc., and overdue notice or delinquency disposition of insurance contributions;
10. Other authority prescribed by the articles of incorporation of the NHIS for efficient performance of the services of the NHIS.

Article 14 (Composition of Financial Operation Committee)

- (1) The agricultural and fisheries organization, the urban self-employed persons' organization, and the civic group under Article 34 (2) 2 of the Act shall recommend members prescribed in Article 34 (1) 2 of the Act according to the following classifications:
 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 prescribed by Presidential Decree” in Article 34 (2) 3 of the Act means each person designated by the Minister of Economy 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 Executive Service.

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 prescribed 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 a majority of the members shall constitute a quorum, and any decision thereof shall require the concurring vote of at least a majority of those present.
- (5) Other matters necessary for operating the Financial Operation Committee, such as procedures to convene meetings of the Financial Operation Committee, shall be prescribed by the articles of incorporation of the NHIS.

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.

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.

Article 17-2 (Upper Limit on Contributions to Catastrophic Health Expenditure Support Programs)

The upper limit of the amount the NHIS contributes to the catastrophic health expenditure support program prescribed in the Act on the Support for Catastrophic Health Expenditure pursuant to Article 39-2 of the Act, shall be 1/1,000 of the revenues from insurance premiums for the year immediately preceding the previous year.

[This Article Newly Inserted on Oct. 14, 2021]

CHAPTER IV INSURANCE BENEFITS

Article 18 (Medical Facilities Excluded from Health Care Institution)

- (1) “Medical facilities, etc. prescribed by Presidential Decree” in the latter part, with the exception of the subparagraphs, of Article 42 (1) of the Act means the following medical institutions or drugstores: <Amended on Mar. 20, 2017>
 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 disposition to suspend business, etc. due to activities of inducing the insured or his or her 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.

Article 18-2 (Reduction of Upper Limit Amount of Costs of Health Care Benefits for Medicines and Criteria for Suspension of Application of Health Care Benefits)

- (1) Where the Minister of Health and Welfare reduces the upper limit amount of costs of health care benefits for medicines (referring to the amount set as the upper limit of health care benefits of each kind of medicine pursuant to Article 41 (3) of the Act; hereinafter referred to as “upper limit amount”) or suspends any medicine from the application of health care

benefits pursuant to Article 41-2 of the Act, he or she shall notify the NHIS and the Review and Assessment Service of such fact to record and manage the details of reduction of the upper limit amount and suspension of the application of health care benefits.

- (2) “Period prescribed by Presidential Decree” in Article 41-2 (2) and (3) of the Act means five years, respectively. <Amended on Jun. 11, 2019>
- (3) The Minister of Health and Welfare need not reduce the upper limit amount for any of the following medicines, among medicines subject to reduction of the upper limit amount prescribed in Article 41-2 (1) or (2) of the Act:
 1. Shortage prevention drugs (referring to medicines designated and publicly notified by the Minister of Health and Welfare, which a manufacturer, contract manufacturing business entity, or importer under the Pharmaceutical Affairs Act avoids their production or import, because such medicines are essential for the treatment of patients but are not cost-effective; hereinafter the same shall apply);
 2. Orphan drugs (referring to medicines determined by the Minister of Food and Drug Safety, which should be urgently produced or imported because no alternative drug exists; hereinafter the same shall apply);
 3. Low-cost drugs (referring to medicines determined and publicly notified by the Minister of Health and Welfare, whose upper limit amount does not exceed the basic amount determined and publicly notified by the Minister of Health and Welfare).
- (4) The criteria for reducing the upper limit amount for medicines and suspending the application of health care benefits under Article 41-2 (1) through (3) of the Act shall be as specified in attached Table 4-2.

[This Article Wholly Amended on Sep. 28, 2018]

Article 18-3 Deleted. <Sep. 28, 2018>

Article 18-4 (Selective Benefits)

- (1) Selective benefits referred to in Article 41-4 (1) of the Act (hereinafter referred to as “selective benefits”) may be provided for any of the following cases:
 1. Where economic feasibility, medical treatment effects, etc. are uncertain and thus additional grounds are required to verify them;
 2. Where potential advantages exist for the recovery of health of the insured or his or her dependents despite low economic feasibility;
 3. Cases equivalent to subparagraph 1 or 2, where social demand for health care benefits exists or the Minister of Health and Welfare deems it particularly necessary to enhance national health.
- (2) An assessment of the appropriateness of selective benefits referred to in Article 41-4 (2) of the

Act (hereinafter referred to as “assessment of appropriateness”) shall be conducted as follows:

1. Assessment period: An assessment of appropriateness shall be conducted every five years from the date selective benefits are provided: Provided, That the Minister of Health and Welfare may determine the assessment period differently, if he or she deems a prompt assessment necessary in the light of the contents, nature, effects, etc. of the relevant selective benefit;
2. Assessment items: An assessment of appropriateness shall be conducted for the following matters:
 - (a) Medical treatment effects and improvement of the treatment process;
 - (b) Cost effectiveness;
 - (c) Possibility of replacing selective benefits with other health care benefits;
 - (d) Potential benefits for national health;
 - (e) Any other matters similar to those specified in items (a) through (d), which are deemed by the Minister of Health and Welfare particularly necessary for the assessment of appropriateness;
3. Assessment method: An assessment of appropriateness shall be conducted in writing: Provided, That where deemed necessary by the Minister of Health and Welfare, site investigations, literature review, surveys or other methods may be added to such written assessment.
- (3) Where the Minister of Health and Welfare deems that a professional and in-depth review is necessary in connection with an assessment of appropriateness, he or she may request a health care-related research institute, organization, experts, etc. to conduct such assessment.
- (4) Where deemed necessary for an assessment of appropriateness, the Minister of Health and Welfare may request relevant central administrative agencies, local governments, public institutions prescribed in the Act on the Management of Public Institutions, or health care-related corporations, organizations, experts, etc. to submit necessary data or their opinions.
- (5) Except as provided in paragraphs (2) through (4), matters necessary for the procedures, methods, etc. for conducting an assessment of appropriateness, shall be determined and publicly notified by the Minister of Health and Welfare.

[This Article Newly Inserted on Mar. 20, 2017]

Article 19 (Expenses Borne by Principal)

- (1) The rate and amount of co-payment prescribed in Article 44 (1) of the Act (hereinafter referred to as “co-payment”) shall be as set forth in attached Table 2.
- (2) The amount of co-payment shall be paid by the persons who receive health care benefits to health care institutions upon claims from the health care institutions. In such cases, no health care institution shall claim expenses under pretexts other than health care benefit items or

non-benefit items prescribed by Ordinance of the Ministry of Health and Welfare pursuant to Article 41 (3) or (4) of the Act, such as hospitalization deposits.

- (3) The total amount of co-payment prescribed in Article 44 (2) of the Act shall be an amount obtained by adding up the amounts of annual co-payment borne by a person who receives health care benefits: Provided, That none of the following amounts of co-payment shall be added: <Amended on Jun. 26, 2018; Apr. 2, 2019; Jun. 11, 2019; Oct. 22, 2019; Oct. 7, 2020; Jun. 29, 2021; Jun. 20, 2023>
 1. In cases of using two-bed or three-bed rooms of general inpatient units and two-bed or three-bed rooms of inpatient units of the departments of psychiatry, of tertiary care hospitals, general hospitals, hospitals, oriental medical clinics, and intermediate care hospitals (limited to long-term care hospitals that are medical institutions satisfying the requirements prescribed in Article 3-2 of the Medical Service Act among the medical rehabilitation facilities referred to in Article 58 (1) 4 of the Act on Welfare of Persons with Disabilities), and mental hospitals prescribed in subparagraph 1 (a) (i) of attached Table 2, an amount borne as hospitalization costs;
 - 1-2. An amount borne in accordance with subparagraph 1 (b) or 3 (p) of attached Table 2 for outpatient treatment received at a tertiary hospital for a disease determined and publicly notified by the Minister of Health and Welfare as a main disease or injury pursuant to subparagraph 1 (c) (iii) of that Table: Provided, That the amount borne by any of the following persons shall be excluded herefrom:
 - (a) A pregnant woman;
 - (b) A person under six years of age;
 - (c) A patient excluded from separation of prescribing and dispensing under subparagraph 1 (b) of attached Table 2;
 - (d) A person who receives infertility treatment determined and publicly notified by the Minister of Health and Welfare pursuant to subparagraph 3 (k) of attached Table 2;
 - (e) A person eligible for medical assistance who receives medical assistance under the following statutes:
 - (i) Article 33 of the Act on the Honorable Treatment of Persons of Distinguished Service to the May 18 Democratization Movement and Establishment of Related Organizations;
 - (ii) Article 6 (2) of the Act on Assistance to Patients Suffering from Actual or Potential Aftereffects of Defoliants and Establishment of Related Organizations;
 - (iii) Article 41 of the Act on the Honorable Treatment of and Support for Persons of Distinguished Service to the State;
 - (iv) Article 17 of the Act on the Honorable Treatment of Persons of Distinguished Service to Independence;
 - (v) Article 50 of the Act on Support for Persons Eligible for Veteran's Compensation;

- (vi) Article 20 of the Support for Veterans Act;
 - (vii) Article 7 of the Act on Honorable Treatment of War Veterans and Establishment of Related Associations;
 - (viii) Article 32 of the Act on Honorable Treatment of Persons of Distinguished Service during Special Missions and Establishment of Related Organizations;
2. An amount borne as prescribed in subparagraph 3 (d) (v), (vi), (ix) and (x) of attached Table 2;
 3. An amount borne as prescribed in subparagraph 3 (g) and (o) of attached Table 2;
 4. An amount borne as prescribed in subparagraph 4 of attached Table 2;
 5. An amount borne as prescribed in subparagraph 6 of attached Table 2.
- (4) The co-payment ceiling referred to in Article 44 (2) of the Act (hereinafter referred to as “co-payment ceiling”) means an amount computed by the calculation method specified in attached Table 3.
- (5) Where the NHIS pays an amount exceeding the co-payment ceiling pursuant to Article 44 (2) of the Act, it shall pay the amount into a savings account designated by the relevant person who has received health care benefits (referring to savings accounts determined by the Minister of Health and Welfare, such as savings accounts opened at postal service agencies specified in the Postal Savings and Insurance Act or at banks specified in the Banking Act): Provided, That the NHIS may make such payment by the method determined by the Minister of Health and Welfare, where it is unable to pay the amount into the relevant savings account due to any unavoidable cause. <Amended on Jun. 11, 2019>
- (6) Except as provided in paragraphs (2) and (5), the payment method for co-payment, the method for paying an amount exceeding the co-payment ceiling, and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare.

[This Article Wholly Amended on Mar. 20, 2017]

Article 20 (Party to Contract on Costs of Health Care Benefits)

The person who represents the medical and pharmaceutical communities and is a party to the contract on the costs of health care benefits provided for in Article 45 (1) of the Act shall be any of the following persons: <Amended on Jun. 26, 2018; Jun. 29, 2021>

1. For costs of health care benefits for medical clinics prescribed in Article 3 (2) 1 (a) of the Medical Service Act: The head of the association of doctors provided for in Article 28 (1) of that Act;
2. For costs of health care benefits for dental clinics and dental hospitals prescribed in 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 that Act;
3. For costs of health care benefits for oriental medical clinics or oriental medical hospitals

prescribed in 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 that Act;

4. For costs of health care benefits 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 that Act;
5. For costs of health care benefits for hospitals, long-term care hospitals, mental hospitals, and general hospitals prescribed in 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 benefits for drugstores provided for in subparagraph 3 of Article 2 of the Pharmaceutical Affairs Act and the Korea Orphan and Essential Drug Center provided for in Article 91 of that 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 benefits 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 Special Measures for Health and Medical Services in Agricultural and Fishing Villages: The person designated by the Minister of Health and Welfare.

Article 21 (Terms and Conditions 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 benefits referred to in paragraph (1) shall be those that have shown the values of health care benefits in the relative points between each item, computed in consideration of workload such as hours and efforts required for health care benefits, resource volumes such as human resources, facilities and equipment, the level of risk of health care benefits, social benefits in relation to health care benefits, etc.; and the Minister of Health and Welfare shall give public notice thereof after deliberation by the Deliberative Committee, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended on Mar. 20, 2017>
- (3) Notwithstanding paragraph (2), in any of the following cases, the points of relative values of health care benefits may be computed as classified in the following: <Amended on Jun. 30, 2015; Nov. 18, 2015; Jul. 24, 2017; Jul. 2, 2019; Jun. 29, 2021>
 1. Where the medical treatment is received by hospitalization in a long-term care hospital provided for in Article 3 (2) 3 (d) of the Medical Service Act (excluding long-term care hospitals that are medical institutions satisfying the requirements prescribed in Article 3-2 of the Medical Service Act among the medical rehabilitation facilities referred to in Article 58 (1) 4 of the Act on Welfare of Persons with Disabilities): To be calculated by the point

of relative value per day which is obtained by classifying into the degree of seriousness of patients' conditions after aggregating the points of each item of health care benefits 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 that Act, a long-term care hospital provided for in Article 3 (2) 3 (d) of that Act, a general hospital provided for in Article 3 (2) 3 (e) of that Act, a tertiary hospital provided for in Article 3-4 of that Act, or a health care center provided for in Article 12 of the Regional Public Health Act for a 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 includes all the points of items of health care benefits and the costs of the medicines and materials for the relevant medical treatments;
3. Where the hospice or palliative care is received under Article 28 of the Act on Hospice and Palliative Care and Decisions on Life-Sustaining Treatment for Patients at the End of Life: To be calculated as the point of relative value per day, which is the total of all the points of items of health care benefits and the costs of the medicines and materials for the relevant medical treatments.
- (4) In concluding a contract prescribed in paragraph (1), a contract on the expenses for new items of health care benefits for which the point of relative values is not publicly notified shall be deemed concluded on the date the point of relative values of that 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 benefits for the relevant item executed on or after the date when a public notice is given.

Article 22 (Costs of Health Care Benefits for Medicines and Materials for Medical Treatment)

- (1) Health care benefits 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) apply; hereafter in this Article the same shall apply) 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 in this Article the same shall apply) 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 on Jan. 28, 2013; Mar. 23, 2013; Aug. 29, 2014>
 1. Oriental medicines: The maximum amount;
 2. Medicines other than the oriental medicines: Purchase price;

3. Deleted; <Aug. 29, 2014>
4. Materials for medical treatment: Purchase price.
- (2) Standards and procedures for the determination of costs of health care benefits for medicines and materials for medical treatment provided for in paragraph (1) and other necessary matters shall be determined and publicly notified by the Minister of Health and Wealth.

Article 22-2 (Withholding Payment of Costs of Health Care Benefits)

- (1) Where the NHIS intends to withhold the payment of costs of health care benefits pursuant to the former part of Article 47-2 (1) of the Act, it shall first notify the relevant health care institution thereof in a document stating the following matters: <Amended on Jun. 29, 2021>
 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 benefits 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 benefits, 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 judgment of acquittal” in Article 47-2 (3) of the Act means any of the following: Provided, That the foregoing shall not apply in the case of subparagraph 2 or 3 where a health institution is found guilty through the ruling of the court after it was reinvestigated and an indictment was brought, though non-transfer decision or non-prosecution disposition had been rendered: <Amended on Dec. 29, 2020>
 1. Final judgment of acquittal;
 2. Non-transfer decision (limited to the disposition to be cleared of suspicion or to be innocent; hereinafter the same shall apply);
 3. 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 benefits under the former part of Article 47-2 (1) of the Act receives a judgment of acquittal, non-transfer decision, or non-prosecution disposition, it shall notify the NHIS of such fact. <Amended on Dec. 29, 2020; Jun. 29, 2021>

- (6) Upon being notified pursuant to paragraph (5), the NHIS shall pay without delay the withheld costs of health care benefits and the interest for a period during which the payment of costs of health care benefits is withheld. In such cases, the amount of interest shall be calculated by multiplying the withhold costs of health care benefits 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 benefits was withheld to the date it is paid.
- (7) Except as provided in paragraphs (1) through (6), details 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 benefits, etc., and the methods of handling the opinion when it is submitted, shall be determined by the NHIS.

[This Article Newly Inserted on Nov. 20, 2014]

Article 23 (Additional Benefits)

- (1) Additional benefits prescribed in Article 50 of the Act mean medical expenses for pregnancy and delivery (including miscarriage and stillbirth; hereinafter the same shall apply). <Amended on Sep. 19, 2017>
- (2) A person eligible for the medical expenses for pregnancy and delivery prescribed in paragraph (1) shall be as follows: <Amended on Dec. 24, 2018; Jun. 29, 2021>
 1. An insured person who is pregnant or gave birth to a baby, or her dependents;
 2. Legal representative (limited to where the insured person gave birth to a baby or her dependents died) of the insured or his or her dependents under two years of age (hereinafter referred to as “infants and young children under two years of age”).
- (3) The NHIS may issue a person falling under any subparagraph of paragraph (2) with treatment coupons for medical expenses for pregnancy and delivery which can be used to pay any of the following expenses: <Amended on Dec. 24, 2018; Jun. 2, 2021; Jun. 29, 2021>
 1. Expenses incurred in relation to medical treatment related to an insured person who is pregnant or gave birth to a baby;
 2. Expenses incurred in purchasing medicines or materials for medical treatment for an insured person who is pregnant or gave birth to a baby or her dependents;
 3. Expenses incurred in relation to medical treatment for infants and young children under two years of age;
 4. Expenses incurred in purchasing medicines or materials for medical treatment prescribed for infants and young children under two years of age.
- (4) A person who intends to be issued with treatment coupons (hereafter in this Article referred to as “applicant”) shall submit an application for issuance prescribed by Ordinance of the Ministry of Health and Welfare, along with a certificate verifying that the applicant falls under any subparagraph of paragraph (2). <Amended on Dec. 24, 2018>

- (5) Upon receipt of an application for issuance of treatment coupons prescribed in paragraph (4), the NHIS shall issue the applicant with the coupons after verifying that he or she falls under any subparagraph of paragraph (2). <Amended on Dec. 24, 2018>
- (6) The period of using treatment coupons shall be from the date of being issued with the treatment coupons pursuant to paragraph (5) until any of the following days: <Amended on Dec. 24, 2018; Jun. 29, 2021>
 1. The insured who is pregnant or gave birth to a baby, or her dependents: A date when two years have elapsed from the date of childbirth (in cases of miscarriage and stillbirth, the relevant date);
 2. Legal representative of infants and young children under two years of age: A date when two years have elapsed from the date of birth of infants and young children under two years of age.
- (7) The upper limit of payable amount of a treatment coupon shall be as follows: Provided, That if deemed necessary and publicly notified by the Minister of Health and Welfare, the payable amount may exceed the following upper limits: <Amended on Dec. 24, 2018; Jun. 29, 2021>
 1. In cases of being pregnant with or giving birth to a fetus: 1 million won;
 2. In cases of being pregnant with or giving birth to at least two fetuses: 1.4 million won.
- (8) Except as provided in paragraphs (2) through (7), matters necessary for the procedures for and methods 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 on Jun. 30, 2016>

Article 24 Deleted. <Dec. 24, 2018>

Article 25 (Health Checkups)

- (1) Health checkups prescribed in Article 52 of the Act (hereinafter referred to as “health checkups”) shall be conducted at least once every two years, and for the employees 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 by 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, in consideration of the ages, etc. of infants and young children.
- (2) Health checkups shall be conducted by health examination institutions designated in accordance with Article 14 of the Framework Act on Health Examination (hereinafter referred to as “examination institutions”).
- (3) If the NHIS intends to conduct a health checkup, it shall notify the persons eligible for a health check of the matters concerning conducting 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 dependents of the employee insured, the relevant employee insured shall be notified thereof, and where a health checkup is conducted for infants and children who are the self-employed insured, the heads of their households shall be notified thereof.
- (4) Examination institutions that have conducted health checkups shall notify the NHIS of the outcomes of health checkups, and the NHIS shall notify persons who have undergone health checkups, of the outcomes of such health checkups: Provided, That where any examination institution directly notifies anyone who has undergone a health checkup of the outcomes of his or her health checkup, the NHIS needs not notify him or her of such outcomes.
- (5) The subject matters of health checkups, the methods for conducting health checkups, expenses incurred therein, procedures for notifying the outcomes of health checkups, and other necessary matters concerning health checkups shall be determined and publicly notified by the Minister of Health and Welfare.

[This Article Wholly Amended on Dec. 24, 2018]

Article 26 (Restrictions of Benefits)

- (1) "Period prescribed by Presidential Decree" in the main clause, with the exception of the subparagraphs, of Article 53 (3) of the Act means one month.
- (2) "Number of ... prescribed by Presidential Decree" in the proviso, with the exception of the subparagraphs, of Article 53 (3) of the Act means six times.
- (3) "Where ... is below the standard prescribed by Presidential Decree" in the proviso, with the exception of the subparagraphs, of Article 53 (3) of the Act means where all of the following requirements are met; in such cases, income means income referred to in Article 41 (1), and property means property referred to in Article 42 (3) 1: <Newly Inserted on Jun. 11, 2019; Dec. 31, 2021>
 1. The income of a household to which the insured who fails to pay the insurance contributions under Article 53 (3) 2 of the Act belongs shall be below one million won, and the tax base under Articles 10-2 through 10-6 of the Local Tax Act (hereinafter referred to as "tax base") on property of the household shall be one million won: Provided, That in cases of minors, persons of 65 years of age or over, or persons with disabilities registered pursuant to the Act on Welfare of Persons with Disabilities, the tax base on their income and property shall be below the amount determined by the NHIS, respectively;
 2. The insured who fails to pay the insurance contributions under Article 53 (3) 2 of the Act shall have no income occurring from business for which he or she was registered as a

business entity pursuant to Article 168 (1) of the Income Tax Act.

- (4) Detailed matters relating to the procedures, methods, and timing for identifying incomes and property under paragraph (3) shall be determined by the NHIS. <Newly Inserted on Jun. 11, 2019>

[Title Amended on Jun. 11, 2019]

Article 26-2 (Methods of and Procedures for Filing 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 the recipient of health care under the main clause of Article 56-2 (1) of the Act (hereinafter referred to as “account for receipt of health care costs, etc.”) shall submit to the NHIS a request for payment of health care costs, a request for payment of insurance benefits for assistive devices, etc., respectively, stating the account number of account for receipt of health care costs, etc., along with a copy of his or her deposit passbook (referring to a page where the account number is shown). The same shall also apply to the change of an account for receipt of health care costs, etc. <Amended on Jun. 11, 2019; Aug. 31, 2022>
- (2) When a financial institution where a recipient has opened an account for receipt of health care costs, etc. is unable to operate its business as usual due to closure or suspension of its business or an information and communication disruption, etc. or when an account transfer is impracticable due to any unavoidable cause corresponding thereto, the NHIS shall directly pay such amount in cash under the proviso of Article 56-2 (1) of the Act.

[This Article Newly Inserted on Nov. 20, 2014]

Article 26-3 (Disclosure of Personal Details on Persons in Arrears of Payment of Unjust Enrichment or Unjust Profit Collectable and Causes for Exclusion from Disclosure Thereof)

- (1) “Information prescribed by Presidential Decree” in the main clause of Article 57-2 (1) of the Act means the violation that has given rise to the money collectable, the name of the person in arrears (including the name of the representative of a corporation), his or her trade name (including the name of a corporation), age, address, and type of the amount in arrears (referring to the amount of collection in arrears, subsequent arrears, and delinquency disposition expenses; hereafter in this Article the same shall apply), payment due date, amounts, and summary of the arrears.
- (2) “Where there is a compelling reason prescribed by Presidential Decree not to do so, such as partial payment of an amount in arrears” in the proviso of Article 57-2 (1) of the Act means any of the following cases:
 1. Where at least 10/100 of the amount in arrears as at the time of notification under Article

57-2 (3) of the Act is paid within six months from the date of notification;

2. Where the defaulter is in the grace period of collection after the collection of the amount in arrears is deferred following a decision to grant authorization for a rehabilitation plan referred to in Article 243 of the Debtor Rehabilitation and Bankruptcy Act; or pays the amount in arrears according to the payment schedule specified in the rehabilitation plan;
 3. Where an investigation is being conducted or a criminal trial is underway due to a violation giving rise to the money collectable;
 4. Where gross damage is caused to property of a person in arrears or other similar cases due to a natural disaster, for which case the Deliberative Committee on Disclosure of Unjust Enrichment and Unjust Profit in Arrears established under Article 57-2 (2) of the Act (hereinafter referred to as the “Deliberative Committee on Disclosure of Unjust Enrichment and Unjust Profit in Arrears”) recognizes the disclosure of personal details, etc. under paragraph (1) of that Article shall not be of any practical benefit.
- (3) When the NHIS serves on a person in arrear a notice under Article 57-2 (3) of the Act, it shall demand him or her to pay the amount in arrears, and in cases falling within the proviso of paragraph (1) of that Article, it shall inform him or her to submit explanatory materials for the default.

[This Article Newly Inserted on Jun. 2, 2020]

Article 26-4 (Establishment and Operation of Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears)

- (1) The Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall be comprised of nine members, including one chairperson.
- (2) From among the executive officers of the NHIS, a standing director in charge of the relevant affairs shall become the Chairperson of the Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears, and the following persons appointed or commissioned by the president of the NHIS shall be the members thereof:
 1. One staff member of the NHIS;
 2. One public official of Grade IV or V belonging to the Ministry of Health and Welfare in charge of affairs related to the collection of unjust enrichment or unjust profit for the costs of insurance benefits;
 3. Four persons that have much knowledge and experience in law, accounting or social insurance.
- (3) A member referred to in paragraph (2) 3 shall serve a two-year term and may be reappointed or recommissioned only once.
- (4) Meetings of the Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall open with the attendance of a majority of all incumbent

members and resolutions shall be passed with the consent of a majority of those present.

- (5) Except as provided in paragraphs (1) through (4), matters necessary for organizing and operating the Deliberative Committee on Disclosure of Information on Unjust Enrichment and Unjust Profit in Arrears shall be determined by the NHIS.

[This Article Newly Inserted on Jun. 2, 2020]

Article 27 (Payment of Costs of Health Care Benefits to Soldiers in Active Service)

- (1) “Medical care, etc. prescribed by Presidential Decree” in the former part of Article 60 (1) of the Act means any health care benefits 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 Commissioner of the National Police Agency, the Administrator of the National Fire Agency, or the Commissioner of the Korea Coast Guard (hereinafter referred to as “head of an agency”) shall deposit in an account designated by the NHIS, the costs of health care benefits of the relevant agency, which are expected to be incurred annually, and health care costs under Article 49 of the Act (hereinafter referred to as “health care costs”).
<Amended on Nov. 19, 2014; Jul. 26, 2017; Jun. 11, 2019>
- (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 benefits deposited by the head of an agency pursuant to paragraph (2) fall short of the costs of health care benefits and health care costs 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 such request shall pay them to the NHIS.
<Amended on Jun. 11, 2019>
- (5) The NHIS may use interest accruing on the costs of health care benefits and health care costs deposited by the head of an agency pursuant to paragraph (2) for the costs of health care benefits it bears. <Amended on Jun. 11, 2019>

[Title Amended on Jun. 11, 2019]

CHAPTER V HEALTH INSURANCE REVIEW AND ASSESSMENT SERVICE

Article 28 (Services)

- (1) “Services prescribed by Presidential Decree” in Article 63 (1) 8 of the Act means the following:
<Amended on Jan. 28, 2013; Dec. 27, 2022>
 1. Computer processing, such as development, supply, inspection, etc. of software related to a request for the review of costs of health care benefits under Article 47 of the Act;

2. Disclosure of the results of evaluation of the appropriateness of health care benefits under Article 47-4 of the Act;
 3. Review of the health care costs received by the institutions prescribed by Ordinance of the Ministry of Health and Welfare out of the health care costs paid under Article 49 (1) of the Act;
 4. Development and management of patient classification systems, and disease and injury classification systems related to health care benefits for providing the services listed in Article 63 (1) 1 through 7 of the Act and subparagraphs 1 through 3 of that paragraph;
 5. Education and publicity related to the services listed in Article 63 (1) 1 through 7 of the Act and subparagraphs 1 through 4 of that paragraph.
- (2) Computer processing, disclosure of the results of evaluation of the appropriateness, the procedure, standards and method for the development and management of patient classification systems, and disease and injury classification systems related to health care benefits under paragraph (1) 1, 2, and 4, and other necessary matters shall be determined and publicly notified by the Minister of Health and Welfare. <Amended on Jan. 28, 2013; Dec. 27, 2022>

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 Executive Service. <Amended on Aug. 2, 2016>

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 benefits 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 prescribed by the articles of incorporation of the Review and Assessment Service.

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 and Lowest Limits of Amount of Monthly Insurance Contributions)

The upper and lower limits of the amount of monthly insurance contributions under Article 69 (6) of the Act shall be as classified in the following subparagraphs: <Amended on Aug. 31, 2022; Dec. 27, 2022>

1. The upper limit of the amount of monthly insurance contributions shall be as follows:
 - (a) The amount of insurance contributions based on monthly remuneration of the employee insured: The amount determined and publicly notified by the Minister of Health and Welfare, taking into consideration the amount equivalent to 30 times the insurance contributions based on the average amount of monthly remuneration (hereafter in this Article referred to as “amount of insurance contributions based on the average monthly remuneration of the year before the preceding year”) of such employee in the year before the year preceding that in which the insurance contributions are imposed;
 - (b) The amount of insurance contributions based on monthly income of the employee insured and the amount of the monthly insurance contributions of the self-employed insured: The amount determined and publicly notified by the Minister of Health and Welfare, taking into consideration the amount equivalent to 15 times the insurance contributions based on the average amount of monthly remuneration of the year before the year preceding that in which the insurance contributions are imposed;
2. The lower limit of the amount of monthly insurance contributions shall be as follows:
 - (a) The amount of insurance contributions based on monthly remuneration of the employee insured: The amount determined and publicly notified by the Minister of Health and Welfare, of at least 75/1000 but less than 85/1000 of the insurance contributions based on the amount of insurance contributions based on the average monthly remuneration of the year before the preceding year;
 - (b) The amount of the monthly insurance contributions of the self-employed insured: The amount determined and publicly notified by the Minister of Health and Welfare, of at least 90/100 but not more than 100/100 of the amount of insurance contributions based on monthly remuneration prescribed in item (a).

[This Article Wholly Amended on Mar. 6, 2018]

Article 33 (Money and Valuables to Be Included in Remunerations)

- (1) “Which are prescribed 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 of nature similar thereto paid in compensation for the provision of labor, other than the following: <Amended on 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 there are no data relating to the remunerations or they are 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, amount of insurance contributions based on monthly remuneration for the employee insured shall be imposed annually on the basis of the amount of monthly remuneration computed according to the following classifications, 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 eligibility as the employee insured, or such eligibility is converted into the other employee insured, or whose eligibility as the self-employed insured is converted to the employee insured: The amount of monthly remuneration when eligibility 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 amount of monthly remuneration set forth in the subparagraphs of paragraph (1) shall be as follows: <Amended on Sep. 26, 2013>
1. The insured under paragraph (1) 1: From the month in which falls the day when eligibility is acquired or changed (referring to the month following the month whereto belongs a day when entitlement is changed, where eligibility 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.

Article 35 (Report of Remuneration 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 on 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), where the relevant workplace falls under any of the following cases:
 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.

Article 36 (Confirmation 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 clause.

- (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 on 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) Where an employer fails to report under Article 35 or where the details of such report are incorrect, the NHIS may investigate the relevant facts and compute or change the monthly remuneration under Article 94 of the Act, and the NHIS 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 an employee insured is being paid the remuneration by not less than two workplaces to which the health insurance is available, his or her monthly remuneration is confirmed respectively taking into account the remunerations that are paid by such workplaces to him or her.
- (5) 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, the methods of computation of monthly remuneration shall be prescribed by the articles of incorporation of the NHIS through a resolution by the Financial Operation Committee.

Article 37 (Confirmation of Monthly Remuneration When Acquiring or Changing Eligibility as the Employee Insured)

Where any person acquires eligibility 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 eligibility as the employee insured or changing such eligibility;

3. Regarding 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 eligibility as the employee insured is acquired or the eligibility is converted.

Article 38 (Confirmation on Amount of Monthly Remuneration for Employers Who Receive No Remuneration)

- (1) The monthly remuneration amount for an employer who receives no remuneration under Article 70 (4) of the Act shall be computed based on the following methods; in such cases, the relevant employer shall submit data verifying the amount of his or her income or notify the amount of his or her 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 in this paragraph referred to as “faithfully-returned employers”), by not later than June 30], and the amount of monthly remuneration so calculated shall be applicable from June of each year to May of the following year (in cases of faithfully-returned employers, from July of each year to June of the following year): <Amended on 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 amount of monthly remuneration of the employers who receive no remuneration. <Newly Inserted on Sep. 26, 2013>
- (3) Notwithstanding paragraphs (1) and (2), the amount of monthly remuneration of such employer shall be a relevant amount specified in the following subparagraphs: <Amended on Dec. 29, 2020>
 1. Where the amount of monthly remuneration calculated based on the amount verified or the amount reported under paragraph (1) 1 or 2 is less than the amount of monthly remuneration of a worker who is paid the highest amount of monthly remuneration in the relevant workplace (excluding cases falling under subparagraph 2 (b)): The amount of monthly remuneration of the worker who is paid the highest amount of monthly remuneration in the relevant workplace;
 3. Where it falls under any of the following categories: The amount obtained by averaging the

monthly remuneration of workers in the relevant workplace:

- (a) Where the employer has failed to submit data and notify the amount of his or her income under the latter part, with the exception of the subparagraphs, of paragraph (1) or he or she has no objective data to enable verification of his or her income under the subparagraph 1 of that paragraph;
- (b) Where an amount verified under paragraph (1) 1 is 0 won or less.

[Title Amended on Dec. 29, 2020]

Article 39 (Settlement of Amount of Insurance Contributions Based on Monthly Remuneration, and Payment by Installments)

- (1) Where the amount of insurance contributions based on monthly remuneration 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) Where the relations of employment, appointment, and engagement of the employee insured are terminated, the employer shall undergo the procedure for settling accounts with the NHIS, after settling accounts with the worker by further re-computing the insurance contributions based on monthly remuneration 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) Regarding 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 amount to be borne by the employee insured, out of the amount to be additionally collected pursuant to paragraph (1) (hereinafter referred to as “amount to be additionally collected”), is not less than the amount of insurance contributions based on monthly remuneration (referring to the amount of insurance contributions based on monthly remuneration for the month to which the date of notifying the amount to be additionally collected belongs), the NHIS shall require such employee insured to pay according to the following classifications: Provided, That in cases a crisis alert of the caution level or higher under Article 38 (2) of the Framework Act On The Management Of Disasters And Safety is issued or in any other cases determined and publicly notified by the Minister of Health and Welfare, the amount to be additionally collected may be paid in 10 installments. <Amended on Mar. 20, 2018; Oct. 14, 2021>
1. The amount to be additionally collected, as a result of the settlement of accounts (hereinafter referred to as “year-end settlement”) based on the total remuneration amount of the relevant year which is finally confirmed in the next year pursuant to the main clause of Article 34 (1): Payment in five installments: Provided, That at the request of the user, the

payment may be made in a lump sum (one time) or in 10 or less installments;

2. The amount to be additionally collected, as a result of the settlement of accounts other than the year-end settlement: Payment of the whole amount in lump sum (one time): Provided, That, at the request of the user, the payment may be made in 10 or less installments.
- (5) Except as provided in paragraphs (1) through (4), details necessary for the settlement of accounts of the amount of insurance contributions based on monthly remuneration, and the payment thereof in installments shall be prescribed by the articles of incorporation of the NHIS. <Newly Inserted on Mar. 20, 2018>

Article 40 (Payment of Insurance Contributions When Public Officials Are Transferred)

Where the employee insured who is a public official is transferred to other agency, the insurance contributions based on monthly remuneration 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.

Article 41 (Amount of Monthly Income)

- (1) Income to be included in computing the amount of monthly income provided 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: <Amended on Oct. 7, 2020; Jun. 30, 2022>
 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;
 5. Pension income: Income prescribed in Article 20-3 of the Income Tax Act: Provided, That in cases of public pension incomes provided in paragraph (1) 1 of that Article, paragraph (2) of that Article shall not apply, and the entirety of pension incomes accrued during the relevant taxable period shall be deemed the pension income;
 6. Other income: Income prescribed in Article 21 of the Income Tax Act.
- (2) Detailed methods for calculating the income referred to in each subparagraph of paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted on Oct. 7, 2020>
- (3) The timing to reflect income data specified in the subparagraphs of paragraph (1) in calculating the amount of monthly income shall be classified as follows: Provided, That where any unavoidable reason exists such as a natural disaster, the timing to reflect the income data

may be adjusted, as prescribed by the articles of incorporation of the NHIS: <Newly Inserted on Aug. 31, 2022>

1. When calculating the amount of monthly income from January to October each year: Data for the year before the preceding year when insurance contributions based on monthly income are imposed: Provided, That data on pension income under paragraph (1) 5 shall be the data for the year preceding the year when insurance contributions based on monthly income are imposed;
2. When calculating the amount of monthly income for November and December each year: Data for the year preceding the year when insurance contributions based on monthly income are imposed.
- (4) “Amount prescribed by Presidential Decree” in the provisions, other than the calculation formula referred to in Article 71 (1) of the Act and in the calculation formula referred to in that paragraph means 20 million won per year. <Amended on Mar. 6, 2018; Oct. 7, 2020; Aug. 31, 2022>
- (5) The amount of monthly income shall be calculated by assessing, in the manner prescribed by Ordinance of the Ministry of Health and Welfare, the amount obtained by applying the calculation formula referred to in Article 71 (1) of the Act. <Amended on Mar. 6, 2018; Oct. 7, 2020; Aug. 31, 2022>
- (6) Except as provided in paragraphs (1) through (5), details necessary for the calculation of the amount of monthly income, such as the specific types of income data shall be prescribed by the articles of incorporation of the NHIS. <Newly Inserted on Aug. 31, 2022>

Article 41-2 (Adjustment of Amount of Monthly Income)

- (1) Where an employee insured earns less income under Article 41 (1) 3 and 4 (hereafter in this Article, referred to as “business income, etc.”) due to a cause prescribed by the articles of incorporation of the NHIS, such as closure of business, he or she may file an application with the NHIS for the adjustment of the amount of monthly income by reflecting such data regarding business income, etc. earned at the time of imposing the insurance contributions based on monthly income in the calculation of the amount of monthly income, along with documents evidencing the cause of reduced income.
- (2) Notwithstanding Article 41 (3), the NHIS, upon receipt of an application for adjustment under paragraph (1), may adjust the amount of monthly income by reflecting such data regarding business income, etc. earned at the time of imposing the insurance contributions based on monthly income in the calculation of the amount of monthly income, and the insurance contributions based on monthly income imposed subsequently in the relevant year shall be calculated based on the adjusted amount of monthly income.
- (3) Where the business income, etc. for the relevant year accrues to the employee insured who has filed an application for the adjustment of the amount of monthly income under paragraph (1) after such adjustment is made pursuant to paragraph (2), he or she shall report the fact of

accrual of business income, etc. and the amount thereof to the NHIS within one month from the first day of the month following the month in which such business income, etc. accrues, and thereafter the amount of insurance contributions based on the monthly income for the relevant year imposed by the NHIS shall be calculated based on the adjusted amount of monthly income reflecting the reported business income, etc. <Newly Inserted on Jun. 20, 2023>

- (4) Where the business income, etc. for the relevant year are verified following the adjustment of the amount of monthly income pursuant to paragraph (2) or (3), the NHIS may settle the insurance contributions based on monthly income by calculating again the amount of monthly income for the relevant year based on the verified business income, etc. <Amended on Jun. 20, 2023>
- (5) Where the amount of insurance contributions based on monthly income calculated following the adjustment of the amount of monthly income pursuant to paragraph (2) or (3) is less than the amount of insurance contributions based on monthly income settled again pursuant to paragraph (4), the NHIS shall additionally collect the shortfall from the employee insured. <Amended on Jun. 20, 2023>
- (6) The NHIS may allow insurance contributions based on monthly income which are additionally collected pursuant to paragraph (5) to be paid in up to 10 installments. <Amended on Jun. 20, 2023>
- (7) Except as provided in paragraphs (1) through (6), details necessary for the procedures for filing an application for the adjustment of the amount of monthly income, the procedures for reporting accrual of business income, etc. after the adjustment, the calculation and settlement of insurance contributions based on monthly income, the payment thereof in installments, and others shall be prescribed by the articles of incorporation of the NHIS. <Amended on Jun. 20, 2023>

[This Article Newly Inserted on Aug. 31, 2022]

Article 42 (Criteria for Calculating Contribution Points)

- (1) The contribution point under Article 72 (1) of the Act shall be calculated in consideration of the following matters, and the detailed methods of calculation shall be as specified in attached Table 4:
 1. Income;
 2. Property;
 3. Deleted. <Mar. 6, 2018>
- (2) Articles 41 (1) through (3) and 41-2 shall apply mutatis mutandis to the specific types and scopes of income, methods of calculation, timing for reflection, income adjustment, etc. prescribed in paragraph (1) 1. In such cases, “amount of monthly income” shall be construed as “contribution point”; “insurance contributions based on monthly income” as “amount of monthly insurance contributions”; and “the employee insured” as “the self-employed insured”, respectively. <Amended on Aug. 31, 2022>
- (3) Property provided in paragraph (1) 2 shall be as follows: <Amended on Mar. 6, 2018; Jun. 11,

2019; Aug. 31, 2022>

1. Land, buildings, housing, ships, and aircraft, which are objects of taxation of the property tax under Article 105 of the Local Tax Act: Provided, That this shall not apply to 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 security deposit and monthly rent for the leased houses;
3. Passenger automobiles referred to in subparagraph 1 of Article 123 of the Enforcement Decree of the Local Tax Act, and other passenger automobiles referred to in subparagraph 2 of that Article: Provided, That those falling under any of the following subparagraphs shall be excluded herefrom:
 - (a) Where the automobile has been used nine or more years;
 - (b) Where the value of the automobile calculated by applying the rate publicly notified by the Minister of Health and Welfare to the tax base, in consideration of the residual value rate determined by the number of years elapsed of the automobile under Article 4 (1) 3 of the Enforcement Decree of the Local Tax Act, is less than 40 million won;
 - (c) 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 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 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 that 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 that Act;
 - (d) Automobiles owned by persons with disabilities who are registered in accordance with the Act on Welfare of Persons with Disabilities;
 - (e) Automobiles exempted from taxation under Article 4 of the Restriction of Special Local Taxation Act;
 - (f) Automobiles for business use under Article 122 of the Enforcement Decree of the Local Tax Act.
- (4) Except as provided in paragraphs (1) through (3), details necessary for calculating contribution points, such as the specific types of income data shall be prescribed by the articles of incorporation of the NHIS. <Amended on Mar. 6, 2018; Aug. 31, 2022>

Article 42-2 (Exclusion from Contribution Points of Housing-Related Loan Amounts)

- (1) "Self-employed insured prescribed by Presidential Decree" in the proviso of Article 72 (1) of

the Act means any of the following self-employed insured: <Amended on Dec. 27, 2022>

1. A self-employed insured who belongs to such household that owns one house per household as determined and publicly notified by the Minister of Health and Welfare, while meeting all the following requirements (hereinafter referred to as “member of a family owning one house per household”):
 - (a) The owner (including his or her spouse or lineal ascendant or descendant who constitutes the same household as the owner according to resident registration) of the house shall take out a loan determined and publicly notified by the Minister of Health and Welfare (hereafter in this Article referred to as “housing mortgage loan, etc.”), including a loan secured by housing (where a new loan is taken out and secured against the relevant housing for the purpose of lowering the interest rate on the loan or extending the term of the loan, and with which the existing loan is paid off on the same day as the date when the new loan is taken out, including the new loan (hereafter in this Article referred to as “mortgage refinance loan”), from a financial company, etc. defined in the Act on Real Name Financial Transactions and Confidentiality (hereinafter referred to as “financial company, etc.”);
 - (b) The relevant household shall take out a housing mortgage loan, etc. (excluding a mortgage refinance loan) for the first time within three months before or after the earlier of the date of acquisition of ownership of a house or the move-in date stated in the certified copy of the relevant resident registration card (in cases of an alien, the date of registering the place of stay stated in the alien registration card or the date of reporting changes therein under the Immigration Act, or the date of reporting the place of residence in the Republic of Korea or the date of reporting changes therein under the Act on the Immigration and Legal Status of Overseas Koreans; hereinafter referred to as “move-in date, etc.”);
2. A self-employed insured person who belongs to a household that has no housing ownership as determined and publicly notified by the Minister of Health and Welfare (hereinafter referred to as “member of a household without housing ownership”), while meeting all the following requirements:
 - (a) A lessee (including a spouse or lineal ascendant or descendant who constitutes the same household as the lessee according to resident registration) shall take out a loan determined and publicly notified by the Minister of Health and Welfare, (hereafter in this Article, referred to as “loan secured by security deposit, etc.”) including a loan secured by housing deposit for leased housing (where a new loan is taken out and secured against the security deposit for the relevant leased housing for the purpose of lowering the interest rate on the loan or extending the term of the loan, and with which the existing loan is paid off on the same day as the date when the new loan is taken out, including the new loan (hereafter in this Article referred to as “security deposit refinance loan”) from a financial company, etc. to live in the house leased by the relevant household;
 - (b) The relevant household shall take out a loan secured by security deposit, etc. (excluding security deposit refinance loan) for the first time within three months before or after the

earlier of the date of moving in to the house or the move-in date, etc. stated in the lease contract documents under Article 3-2 (2) of the Housing Lease Protection Act (referring to three months before and after the date of modification, extension, or renewal of a lease contract, where the loan is taken out for such purposes).

- (2) “House that does not exceed the standards prescribed by Presidential Decree” in the proviso of Article 72 (1) of the Act means a house that meets the following requirements: <Amended on Aug. 31, 2022>
 1. In cases of a member of a family owning one house per household: The tax base amount for property tax on a house purchased with a housing mortgage loan, etc. shall not exceed the amount obtained by multiplying the assessed value of the house under the main clause of Article 52 (5) of the Income Tax Act by the fair market price rates prescribed in Article 109 of the Enforcement Decree of the Local Tax Act;
 2. In cases of a member of a household without housing ownership: The amount appraised by the standards prescribed by Ordinance of the Ministry of Health and Welfare, of the security deposit and monthly rents of the house leased with a loan secured by security deposit, etc., shall not exceed 30 percent of the assessed value of the house under the main clause of Article 52 (5) of the Income Tax Act.
- (3) The assessed value of the amount of loan under the proviso of Article 72 (1) of the Act shall be the amount classified as follows; in such cases, where the amount of mortgage refinance loan or the amount of security deposit refinance loan is greater than the amount of existing loan, the difference shall be subtracted when assessing the amount of loan: <Amended on Aug. 31, 2022; Dec. 27, 2022>
 1. In cases of a member of a family owning one house per household: An amount obtained by multiplying the aggregate amount of housing mortgage loans, etc. (excluding the amount paid off) by the fair market price rates prescribed in Article 109 of the Enforcement Decree of the Local Tax Act. In such cases, if the amount exceeds the tax base amount for the property tax of the relevant house, it shall be the amount of property tax base, and if such amount exceeds 50 million won, it shall be 50 million won;
 2. In cases of a member of a household without housing ownership: 30 percent of the aggregate amount of the loans secured by security deposit, etc. (excluding the amount paid off). In such cases, if the amount is greater than the amount equivalent to 30 percent of the amount of security deposit, it shall be 30 percent of the security deposit.
- (4) “Data or information prescribed by Presidential Decree, including those on the amount of loans” in Article 72 (3) of the Act means the following data or information:
 1. The name and resident registration number of a person who has obtained a housing mortgage loan, etc. or loan secured by security deposit, etc.;
 2. Information on the current status of a housing mortgage loan, etc. or loan secured by security deposit, etc., including the kind, period, amount, and security;
 3. Other data or information determined and publicly notified by the Minister of Health and Welfare as necessary for calculating contribution points.

- (5) Except as provide in paragraphs (1) through (4), details necessary for assessing the amount of loan under the proviso of Article 72 (1) of the Act shall be determined and publicly notified by the Minister of Health and Welfare.

[This Article Newly Inserted on Jun. 30, 2022]

[Previous Article 42-2 moved to Article 42-3 <Jun. 30, 2022>]

Article 42-3 (Composition of Committee on Improvement of Insurance Contribution Imposition System)

- (1) The Committee on Improvement of the Insurance Contribution Imposition System (hereinafter referred to as the “System Improvement Committee”) under Article 72-2 of the Act shall be composed of not more than 19 members, including one Chairperson and one Vice Chairperson, taking into consideration gender.
- (2) The Chairperson of the System Improvement Committee shall be the Vice Minister of Health and Welfare, and the Vice Chairperson shall be designated by the Chairperson from among the members.
- (3) The Chairperson of the System Improvement Committee shall represent the System Improvement Committee and have general supervision and control of its affairs.
- (4) The Vice Chairperson of the System Improvement Committee shall assist the Chairperson, and act on behalf of the Chairperson in any case where the Chairperson is unable to perform his or her duties due to any unavoidable cause.
- (5) The members of the System Improvement Committee shall be appointed or commissioned by the Minister of Health and Welfare according to the following classifications:
 1. Public officials, each one of whom is nominated by the head of an administrative agency for which he or she works, from among the public officials of Grade III who belong to the Ministry of Economy and Finance, the Ministry of Health and Welfare, the Ministry of Employment and Labor, the Minister of Land, Infrastructure and Transport, the Office for Government Policy Coordination, the Ministry of Personnel Management, the Financial Services Commission and the National Tax Service, or members in general service of the Senior Executive Service;
 2. Not more than nine persons who have abundant knowledge of and experience in insurance contributions imposition systems, taxes, housing, finance, or pension systems;
 3. One person recommended by the president of the NHIS.
- (6) The term of office of the members (excluding the members under paragraph (5) 1) of the System Improvement Committee shall be two years, and may be consecutively renewed only twice.
- (7) The term of office of the members (excluding the members under paragraph (5) 1) of the System Improvement Committee newly commissioned due to the resignation, etc. of an

existing member shall be the remainder of his or her predecessor's term of office.

[This Article Newly Inserted on Mar. 6, 2018]

[Moved from Article 42-2; previous Article 42-3 moved to Article 42-4 <Jun. 30, 2022>]

Article 42-4 (Discharge or Dismissal of System Improvement Committee)

The Minister of Health and Welfare may discharge or dismiss a member of the System Improvement Committee falling under any of the following subparagraphs:

1. Where he or she becomes unable to perform his or her duties due to any mental or physical disability;
2. Where he or she commits any corruption or illegality related to his or her duties;
3. Where he or she is deemed inappropriate as a member due to his or her neglect of duties, injury to dignity, or other grounds;
4. Where he or she himself or herself declares that it is difficult to perform his or her duties as a member.

[This Article Newly Inserted on Mar. 6, 2018]

[Moved from Article 42-3; previous Article 42-4 moved to Article 42-5 <Jun. 30, 2022>]

Article 42-5 (Meetings of System Improvement Committee)

- (1) The Chairperson shall convene and preside over meetings of the System Improvement Committee.
- (2) Meetings of the System Improvement Committee shall be convened upon request from at least one third of the members, or where the Chairperson deems it necessary.
- (3) A majority of the members of the System Improvement Committee shall constitute a quorum, and any decision thereof shall require the concurring vote of at least a majority of those present.
- (4) Where it is deemed necessary to ensure its efficient deliberation, the System Improvement Committee may establish and operate specialized committees.
- (5) Except as provided in paragraphs (1) through (4), matters necessary for the composition, operation, etc. of the System Improvement Committee and the specialized committees shall be determined by the Chairperson following resolution by the System Improvement Committee.

[This Article Newly Inserted on Mar. 6, 2018]

[Moved from Article 42-4; previous Article 42-5 moved to Article 42-6 <Jun. 30, 2022>]

Article 42-6 (Administrative Secretary)

- (1) The System Improvement Committee shall have one administrative secretary to handle its

administrative affairs.

- (2) The administrative secretary shall be nominated by the Minister of Health and Welfare, from among the public officials of Grade III or IV who belong to the Ministry of Health and Welfare.

[This Article Newly Inserted on Mar. 6, 2018]

[Moved from Article 42-5; previous Article 42-6 moved to Article 42-7 <Jun. 30, 2022>]

Article 42-7 (Evaluation of Appropriateness of Insurance Contribution Imposition System)

- (1) The Minister of Health and Welfare may conduct investigations and research for evaluating appropriateness (hereinafter referred to as “evaluation of appropriateness”) under Article 72-3 (1) of the Act.
- (2) The Minister of Health and Welfare may entrust the investigations and research conducted pursuant to paragraph (1) to a research institute, college or university, non-profit corporation, organization, etc. which has specialty in insurance contribution imposition systems.
- (3) The Minister of Health and Welfare may request relevant central administrative agencies, local government, and public institutions under the Act on the Management of Public Institutions to present opinions or materials concerning the evaluation of appropriateness.
- (4) Where the Minister of Health and Welfare conducts an evaluation of appropriateness under paragraph (1), he or she shall inform the System Improvement Committee of the results of such evaluation.

[This Article Newly Inserted on Mar. 6, 2018]

[Moved from Article 42-6 <Jun. 30, 2022>]

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 or her from the relevant household to form a separate household: <Amended on Sep. 26, 2013; Mar. 20, 2017; Jun. 30, 2020; Oct. 7, 2020>

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 has suffered from a rare incurable disease or such referred to in subparagraph 3 (d) of attached Table 2 and is eligible for co-payment reduction;
3. A person who serves as a member of full-time reserve personnel or social service personnel after having been called up under Article 21 or 26 of the Military Service Act;
4. A person who serves as a member of alternative service personnel after having been called up under Article 17 of the Act on the Assignment and Performance of the Alternative Service.

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 709/10000. <Amended on Dec. 27, 2012; Sep. 26, 2013; Nov. 20, 2014; Dec. 22, 2015; Dec. 29, 2017; Dec. 24, 2018; Dec. 31, 2019; Dec. 29, 2020; Dec. 7, 2021; Dec. 27, 2022>
- (2) The monetary value per contribution point for the self-employed insured under Article 73 (3) of the Act shall be 208.4 won. <Amended on Dec. 27, 2012; Sep. 26, 2013; Nov. 20, 2014; Dec. 22, 2015; Dec. 29, 2017; Dec. 24, 2018; Dec. 31, 2019; Dec. 29, 2020; Dec. 7, 2021; Dec. 27, 2022>

Article 44-2 (Period of Stay Abroad to Be Excluded from Payment of Insurance Contributions)

“Period ... prescribed by Presidential Decree” in the main clause of Article 74 (1) of the Act means three months: Provided, That in cases deemed by the NHIS as staying abroad for business operations, the period means one month. <Amended on Oct. 14, 2021>

[This Article Newly Inserted on Jul. 7, 2020]

Article 45 (Areas Subject to Reduction of Insurance Contributions)

“On islands, or in remote areas, or agricultural and fishery communities, etc. prescribed by Presidential Decree” in Article 75 (1) 1 of the Act means any of the following areas: <Amended on 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;
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 of Insurance Contributions for Account Transferors)

Where a person obliged to pay insurance contributions is notified of the payment of his or her

insurance contributions by means of an electronic document or pays his or her insurance contributions by means of automatic transfer from a bank account or credit card prescribed in 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 on Sep. 26, 2013; Oct. 22, 2019>

[Moved from Article 47 <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 of Article 77 (2) of the Act means any of the following: Provided, That a minor with income generated from business for which he or she was registered as a business entity pursuant to Article 168 (1) of the Income Tax Act, as dividend income prescribed in Article 41 (1) 2 or business income prescribed in Article 41 (1) 3 shall be excluded herefrom: <Amended on Dec. 22, 2015; Dec. 24, 2018>

1. A minor who meets all of the following requirements:
 - (a) The total of income referred to in Article 42 (1) 1 shall be not more than one million won per year;
 - (b) The minor shall not have property referred to in Article 42 (3) 1 and 3, among property referred to in Article 42 (1) 2;
2. A minor whose both parents have died and who meets the requirements prescribed in subparagraph 1 (a).

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 on Aug. 2, 2016]

[Previous Article 46-2 moved to Article 46-3 <Aug. 2, 2016>]

Article 46-3 (Additional Charges)

- (1) “Grounds prescribed by Presidential Decree” in the provisions, with the exception of the subparagraphs, of Article 78-2 (1) of the Act means any of the following:
1. Where the relevant person is not a worker, public official, or school employees;
 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” in 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 3,000 won;
 2. Where there are unavoidable reasons which NHIS deems it inappropriate to collect additional charges.

[This Article Newly Inserted on Sep. 22, 2016]

[Previous Article 46-3 moved to Article 46-4 <Sep. 22, 2016>]

Article 46-4 (Payment of Insurance Contributions by Credit Card)

- (1) Deleted. <Mar. 20, 2017>
- (2) “Institution, etc. prescribed by Presidential Decree” in Article 79-2 (1) of the Act 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 in this Article referred to as “credit cards, etc.”) 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 on Aug. 29, 2014]

[Moved from Article 46-3 <Sep. 22, 2016>]

Article 46-5 (Exception to Notification before Making Delinquency Disposition on Insurance Contributions)

“Cases prescribed by Presidential Decree” in the proviso of Article 81 (4) of the Act means where a person who fails to pay insurance contributions, etc. falls under any of the following cases: <Amended on Jun. 20, 2023>

1. Where the person is subjected to a delinquency disposition due to delinquency in the payment of national taxes;
2. Where the person is subjected to a delinquency disposition due to delinquency in the payment of local taxes or public charges (referring to public charges defined in subparagraph 8 of Article 2 of the Framework Act on National Taxes or Article 2 (1) 26 of the Framework Act on Local Taxes; hereinafter the same shall apply);
3. Where the person is subjected to compulsory execution;
4. Where the person is subjected to a disposition to suspend transactions at a clearing-house prescribed in the Bills of Exchange and Promissory Notes Act or the Check Act;
5. Where an auction commences;
6. Where a corporation is dissolved;
7. Where it is deemed that there exists any act to avoid the execution of delinquency disposition through concealment, omission, or false contracts, or by other improper means.

[This Article Newly Inserted on Sep. 28, 2018]

Article 46-6 (Seizure of Unjust Enrichment or Unjust Profit Collectible)

- (1) “Compulsory execution, compulsory collection of national taxes because any cause prescribed by Presidential Decree” in Article 81-2 (1) 2 of the Act means any of the following:
 1. Where compulsory collection or delinquency disposition commences due to delinquency of

- a national tax, local tax, or public charge;
- 2. Where compulsory execution commences;
- 3. Where a disposition to suspend transactions is issued at a clearing-house under the Bills of Exchange and Promissory Notes Act or the Check Act;
- 4. Where an auction commences;
- 5. Where a corporation is dissolved;
- 6. Where it is deemed that there exists any act to evade money collectible through concealment, omission, or false contracts, or by other improper means;
- 7. Where the commencement of rehabilitation procedures or of simplified rehabilitation procedures, or a decision of declaration of bankruptcy is issued under the Debtor Rehabilitation and Bankruptcy Act;
- 8. Where a person has no address or place of residence in the Republic of Korea;
- 9. Where the amount of money collectible under Article 57 (1) or (2) of the Act is at least 500 million won.
- (2) “Any ground prescribed by Presidential Decree such as the judgment of acquittal by a court becoming final and conclusive” in Article 81-2 (3) 2 of the Act means any of the following:
 - 1. If the court’s judgment of acquittal becomes final and conclusive;
 - 2. If a prosecutor withdraws a prosecution.

[This Article Newly Inserted on Jun. 20, 2023]

Article 47 (Causes for Exclusion from Provision of Data concerning Delinquency or Disposition on Deficits)

“Where any other cause or event prescribed by Presidential Decree occurs” in the proviso, with the exception of the subparagraphs, of Article 81-3 (1) of the Act means any of the following:
<Amended on Jun. 20, 2023>

- 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 or 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 or her property due to a disaster or theft;
 - (b) Where his or her business has suffered a remarkable loss or is in crisis.

[This Article Newly Inserted on Sep. 26, 2013]

[Previous Article 47 moved to Article 45-2 <Sep. 26, 2013>]

Article 47-2 (Procedures for Provision of Data concerning Delinquency or Disposition on Deficits)

- (1) When a centralized credit information collection agency under Article 25 (2) 1 of the Credit Information Use and Protection Act (hereinafter referred to as “credit information collection agency”) requests data concerning the personal details of a defaulter of insurance contributions, etc. or of a person whose amount in arrears is written off, amount in arrears, or the amount written off (hereinafter referred to as “data concerning delinquency, etc.”), from the NHIS under Article 81-3 (1) of the Act, the agency shall make a written request stating the following: <Amended on Jun. 20, 2023>
 1. Name and address of the credit information collection agency;
 2. Details and use of the data concerning delinquency, etc. being requested.
- (2) When the NHIS provides a credit information collection agency with data concerning delinquency, 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 delinquency, 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 delinquency, etc. under paragraph (2), the NHIS shall inform the credit information collection agency that has been provided with the data concerning delinquency, etc. thereof within 15 days from the date of occurrence of such cause.
- (4) Except as provided in paragraphs (1) through (3), matters necessary for providing data concerning delinquency, etc. shall be determined by the NHIS.

[This Article Newly Inserted on Sep. 26, 2013]

Article 47-3 (Certification of Payment of Insurance Contributions)

- (1) “Construction project, manufacture, purchase, service, or any other contract prescribed by Presidential Decree” in the main clause of Article 81-4 (1) of the Act means any of the following contracts: <Amended on Nov. 29, 2016; Jun. 20, 2023>
 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 38 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 arrears” in the proviso of Article 81-4 (1) of the Act means any of the following: <Amended on Jun. 20, 2023>
1. Where a person obligated to make payment intends to pay all of the price received with the insurance contributions, subsequent arrears and delinquency disposition expenses, or to pay some of such price with the total amount of the insurance contributions, subsequent arrears and delinquency disposition expenses;
 2. Where the NHIS receives the price for the relevant contract in accordance with the delinquency disposition 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 delinquency disposition expenses or the realization of any property under a delinquency disposition is deferred. In such cases, the insurance contributions, subsequent arrears and delinquency disposition expenses 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 delinquency disposition expenses pursuant to the main clause of Article 81-4 (1) of the Act, he or she shall request the NHIS to certify the payment thereof, as determined 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, the following persons shall request the certification for the payment thereof: <Amended on Jun. 20, 2023>
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 on Aug. 2, 2016]

Article 47-4 (Service by Mail)

Where the NHIS serves documents under Articles 79 and 81 of the Act by mail pursuant to the proviso of Article 81-5 of the Act, it may serve such documents by regular mail. <Amended on Jun.

20, 2023>

[This Article Newly Inserted on Oct. 22, 2019]

Article 48 (Disclosure of Personal Details of Persons in Arrear with Large Amount or in Habitual Arrears and Causes for Exclusion from Disclosure Thereof)

- (1) “Where any cause prescribed by Presidential Decree, such as partial payment of the amount in arrears, exists” in the proviso of Article 83 (1) of the Act means any of the following cases: <Amended on Jun. 2, 2020>
 1. Where not less than 30/100 of the amount of insurance contributions in arrear, arrears, and expenses for disposition on delinquency (hereafter in this Article 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 or 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 details, etc.”) of the defaulter shall not be of any practical benefit.
- (2) In selecting the persons subject to the disclosure of personal details, etc. under Article 83 (3) of the Act, the NHIS and the Deliberative Committee on Disclosure of Insurance Contribution Information shall make a judgment 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 or she is subject to the disclosure of personal details, etc., it shall demand him or her to pay the amount in arrears, and if a defaulter has any reason for exclusion from the disclosure of personal details, etc. under the proviso of Article 83 (1) of the Act, it shall inform him or her to submit explanatory materials for the default.
- (4) When the NHIS makes a disclosure of personal details, etc. under Article 83 (4) of the Act, it shall also disclose the name of a person in arrears, his or her trade name (including the name of a corporation), age, type of business he or she engages in, occupation, address, type of the amount in arrears, payment due date, amount due, gist of the arrear, etc., and where a person in arrears is a corporation, the name of the representative of the corporation shall also be

disclosed. <Amended on Jun. 20, 2023>

Article 49 (Composition and Operation of 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) From among the executive officers of the NHIS, a standing director in charge of the relevant affairs 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) A majority of the members of the Deliberative Committee on Disclosure of Insurance Contribution Information shall constitute a quorum, and any decision thereof shall require the concurring vote of a majority of those present.
- (5) Except as provided in paragraphs (1) through (4), matters necessary for organizing and operating the Deliberative Committee on Disclosure of Insurance Contribution Information shall be determined by the NHIS.

Article 50 (Disposition on Deficits)

“Cases prescribed by Presidential Decree” in Article 84 (1) 3 of the Act means any of the following cases:

1. Where a person in arrears 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 delinquency disposition expenses;
2. Where verified that the total assets subject to dispositions on delinquency 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 and Claims, 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.

Article 51 (Order of Overpayment or Erroneous Payment)

- (1) The NHIS shall appropriate overpayment or erroneous payment under Article 86 (1) of the Act (hereinafter referred to as “overpayment or erroneous payment”) in the following order: <Amended on Sep. 22, 2016; Jun. 2, 2020>
 1. Where insurance contributions and subsequent arrears are overpaid or erroneously paid:
 - (a) Delinquency disposition expenses;
 - (b) Insurance contributions in arrear and subsequent arrears;
 - (c) Insurance contributions to be paid for the next one month (limited to where a person obliged to make payment has consented thereto);
 2. Where payment of collection under Article 57 of the Act (hereafter in this subparagraph referred to as “payment of collection”) and subsequent arrears are overpaid or erroneously paid:
 - (a) Delinquency disposition expenses;
 - (b) Amount of collection in arrear and subsequent arrears;
 3. Where additional dues and subsequent arrears are overpaid or erroneously paid:
 - (a) Delinquency disposition expenses;
 - (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 on 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.

[Title Amended on Jun. 2, 2020]

Article 52 (Additional Interest at Time of Appropriation or Payment of Overpayment or Erroneous Payment)

- (1) When the NHIS intends to appropriate the overpayment or erroneous payment to the insurance contributions, etc., arrears, or delinquency disposition expenses under Article 86 (1) of the Act or to refund the balance after appropriation pursuant to paragraph (2), it shall notify

the payer of the fact in writing. <Newly Inserted on 2020. 6. 2>

- (2) “Interest prescribed by Presidential Decree” in Article 86 (3) of the Act means the amount calculated by multiplying the overpayment or erroneous payment by the interest rate of additional payment on the refund of national tax under the main clause of 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 the overpayment or erroneous payment is appropriated to the insurance contributions, etc., arrears, or delinquency disposition expenses (or until the date a notice of refund is issued in cases of refund): <Amended on Sep. 26, 2013; Jun. 2, 2020>
 1. Where insurance contributions, etc., arrears, or delinquency disposition expenses (hereinafter referred to as “amount in arrears”) have been paid in installments on at least two occasions, the day following the date 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 resettling accounts 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 eligibility 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 eligibility 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 eligibility was made;
 4. The day following the day when overpayment or erroneous payment was made in the cases

other than subparagraphs 1 through 3.

[Title Amended on Jun. 2, 2020]

CHAPTER VII APPLICATIONS FOR OBJECTION AND REQUESTS FOR JUDGMENT

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 the filing of objections under Article 87 (1) and (2) of the Act.

Article 54 (Composition of Objection Committees)

- (1) Each objection committee (hereinafter referred to as “objection committee”) established under Article 53 shall be comprised 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 executive officers 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.

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 or her duties due to any unavoidable reason, any member who is nominated by the chairperson shall act on behalf of the chairperson in performing the latter's duty.
- (2) Meetings of the objection committee shall be attended by the chairperson and six members who are designated by the chairperson whenever such meetings are held.
- (3) A majority of the members of the objection committee under paragraph (2) shall constitute a quorum, and any decision thereof shall require the concurring vote of a majority of those present.
- (4) Members present at the meetings of the 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 the 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.

Article 56 (Methods of Filing Objections)

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.

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 notify the applicant with the original of such decision without delay, and the interested parties with copies thereof.

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 unavoidable 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 of paragraph (1), notice thereof shall be served to the applicant by not later than seven days prior to the expiration of such period for determination.

Article 59 (Submission 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 the “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; hereafter in subparagraph 1 of Article 60 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 or 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 or her;
 6. Indication of attached documents;
 7. Whether 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 10 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 send a copy or duplicate thereof to the NHIS or the Review and Assessment Service and the person who has taken the original disposition without delay, 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 10 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 under paragraph (1).

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 or 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.

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 unavoidable 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 of paragraph (1), such fact shall be notified to the requester by not later than seven days before the period of decision finishes.

Article 62 (Organization 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 on 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 Executive 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.

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) in any of the following cases:

1. The member becomes unable to perform his or her duties due to mental or physical disability;
2. The member commits misconduct in relation to his or 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 or she falls under any subparagraph of Article 65-2 (1);
5. The member voluntarily expresses his or her intention that it is impracticable to perform his or her duties.

[This Article Newly Inserted on Dec. 31, 2015]

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 or her duties due to any unavoidable reason, the member designated by the Chairperson shall act on his or her behalf.

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 provided in this Decree, matters necessary for operating meetings of the Dispute

Mediation Committee shall be determined by the Chairperson via resolution by the Dispute Mediation Committee.

Article 65-2 (Exclusion and Evasion of and Challenge to Member of Dispute Mediation Committee)

- (1) Any member of the Dispute Mediation Committee (hereafter in this Article referred to as “member”) who falls under any of the following cases shall be excluded from the deliberation and resolutions of the Dispute Mediation Committee:
 1. Where he or she, or his or 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 or she is a current or former relative of a party to the relevant agenda;
 3. Where he or she has given any testimony, statement or advice, or conducted any research or provided service regarding the relevant agenda;
 4. Where he or she or any corporation to which he or she belongs is a current or former agent of a party to the relevant agenda;
 5. Where he or 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 by a member, a party to the relevant agenda may file a request for challenge to him or 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 or she shall voluntarily evade the deliberation and resolution of the relevant agenda.

[This Article Newly Inserted on Jun. 30, 2014]

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.

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 the budget: 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 to exist:
 - (a) Where he or 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 or 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 the “Income Reduction and Omission Investigation Committee”).
- (3) The Income Reduction and Omission Investigation Committee shall be comprised of five members, including one Chairperson.
- (4) The Chairperson of the Income Reduction and Omission Investigation Committee shall be appointed by the president of the NHIS from among the executive officers 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 or 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 Executive Service;

3. One certified tax accountant or one certified public accountant.
- (6) Except as provided in paragraphs (3) through (5), matters necessary for operating the Income Reduction and Omission Investigation Committee shall be determined by the president of the NHIS.

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.

Article 69-2 (Data 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 on Nov. 20, 2014]

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.

Article 70-2 (Criteria for Imposition of Penalty Surcharges)

- (1) Where a medicine subject to suspension of the application of health care benefits under Article 41-2 (3) of the Act is a medicine for which costs of health care benefits are claimed by a health

care institution in the year in which the date of the suspension of the application of health care benefits falls or the year immediately preceding the year (excluding medicines referred to in the subparagraphs of paragraph (2)), the Minister of Health and Welfare may impose penalty surcharges in lieu of the suspension of the application of health care benefits under Article 99 (2) 1 of the Act or paragraph (3) 1 of that Article. <Newly Inserted on Dec. 7, 2021>

- (2) Where any of the following applies to a medicine subject to suspension of the application of health care benefits prescribed in Article 41-2 (3) of the Act, the Minister of Health and Welfare may impose penalty surcharges in lieu of the suspension of the application of health care benefits prescribed in Article 99 (2) 2 of the Act or paragraph (3) 2 of that Article: <Amended on Aug. 29, 2014; Aug. 2, 2016; Sep. 28, 2018; Dec. 7, 2021>
 1. Shortage prevention drugs;
 2. Orphan drugs;
 3. A medicine publicly notified as eligible for health care benefits prescribed in Article 41 (3) of the Act which is a single item, for which the same medication does not exist (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.
- (3) “Period prescribed by Presidential Decree” in Article 99 (3) of the Act means five years. <Newly Inserted on Sep. 28, 2018; Dec. 7, 2021>
- (4) Criteria for imposition of penalty surcharges prescribed in paragraphs (1) and (2) shall be as specified in attached Table 4-2. <Amended on Sep. 28, 2018; Dec. 7, 2021>

[This Article Newly Inserted on 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 prescribed in Article 99 (1) through (3), he or she shall give 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. <Amended on Sep. 28, 2018>
- (2) A person in receipt of the notice given under paragraph (1) shall pay the penalty surcharge by a payment due date specified in the payment notice of a penalty surcharge to the receiving agency: Provided, That where it is impracticable to pay the penalty surcharge within the given period due to a natural disaster or any other unavoidable reasons, he or she shall pay it within seven days from the date such cause ceases to exist.
- (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 on Jun. 30, 2014]

Article 70-4 (Disposition for Persons Failing to Pay Penalty Surcharges)

- (1) Where a person liable to pay a penalty surcharge prescribed in 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 clause of Article 99 (5) of the Act, within 15 days after the due date therefor. In such cases, the due date for the payment shall be within 10 days from the date the letter of overdue notice is issued. <Amended on Sep. 28, 2018>
- (2) Where a person liable to pay a penalty surcharge has received a letter of overdue notice prescribed in 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 prescribed in the main clause of Article 99 (5) of the Act, and then shall take a disposition of suspending operation prescribed in Article 98 (1) of the Act or collect it in the same manner as delinquent national taxes. <Amended on Sep. 28, 2018>
- (3) Where the Minister of Health and Welfare cancels the disposition of imposing the penalty surcharge prescribed in the main clause of Article 99 (5) of the Act and then takes a disposition of suspending operation prescribed in Article 98 (1) of the Act, he or 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 ground for changing the disposition and the period for the disposition of suspension of operation. <Amended on Sep. 28, 2018>

[This Article Newly Inserted on Sep. 22, 2016]

Article 71 (Amounts of Support from Penalty Surcharges)

- (1) Amounts of support by use of penalty surcharges prescribed in Article 99 (1) of the Act, paragraph (2) 2 of that Article, or paragraph (3) 2 of that Article shall be as follows: <Amended on Jun. 30, 2014; Sep. 22, 2016; May 1, 2018; Sep. 28, 2018; Dec. 7, 2021>
 1. Support for the funds for costs of health care benefits paid by the NHIS prescribed in Article 47 (3) of the Act: 50/100 of revenues of penalty surcharges;
 2. Support for the funds for emergency medical services prescribed in the Emergency Medical Service Act: 35/100 of revenues of penalty surcharges;
 3. Support for catastrophic health expenditure support programs prescribed in the Act on the Support for Catastrophic Health Expenditure: 15/100 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 prescribed in Article 19 (2) of the Emergency Medical Service Act shall submit to the Minister of Health and Welfare plans on operation 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 or she has received under paragraph (2), and put such amount in the budget under conditions as prescribed by national finance-related statutes or regulations.

Article 72 (Matters of Publication)

“Matters prescribed by Presidential Decree” in the former part, with the exception of the 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.

Article 73 (Composition and Operation of Publication Deliberation Committee)

- (1) The Publication Deliberation Committee shall be comprised 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 Executive 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 or her duty due to any unavoidable reason, the member designated by the Chairperson shall perform the duty on his or 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) Except as provided in paragraphs (1) through (6), matters necessary for organization, operation, etc., the Publication Deliberation Committee shall be determined by the Chairperson of the Publication Deliberation Committee after deliberation of the Publication Deliberation Committee.

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 or her duties due to any mental or physical disability;
2. The member commits misconduct in relation to his or 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 or her intention that it is impracticable to perform his or her duties.

[This Article Newly Inserted on Dec. 31, 2015]

Article 74 (Procedure for and Methods 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 publicly announce the matters of publication under Article 100 (1) of the Act concerning the health care institutions selected as the objects of publication 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, Special Self-Governing City, Do, Special Self-Governing Province, and Si/Gun/autonomous Gu and the relevant health center, and may publicly announce them additionally on a bulletin board, etc. of the relevant organizations. <Amended

on Jun. 2, 2020>

- (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 or she may announce them in a newspaper under the Act on the Promotion of Newspapers or may broadcast them under the Broadcasting Act in addition to the public announcement in paragraph (2).
- (4) When it is confirmed that the matters of publication under Article 100 (1) of the Act are changed during the period of public announcement 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, Special Self-Governing Province Mayor, Do Governor, Special Self-Governing Province Governor, head of the Si/Gun/Gu, or the head of the public health clinic having jurisdiction over the relevant health care institution subject to public announcement under paragraph (2) shall notify, without delay, 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 public announcement under paragraph (2). <Amended on Jun. 2, 2020>
- (5) Except as provided in paragraphs (1) through (4), matters necessary for the procedure for and method of announcement, change in the matters of announcement, etc. shall be determined by the Minister of Health and Welfare.

Article 74-2 (Criteria for Computing Amount Equivalent to Loss)

- (1) An amount equivalent to any loss (hereafter in this Article referred to as “amount equivalent to the loss”) 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 benefits unfairly borne by the insurer, the insured or his or her dependent due to any violation specified in subparagraphs 1 through 3 of Article 101 (1) of that 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 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 on Aug. 2, 2016]

Article 75 (Standards for Payment of Monetary Awards)

- (1) A person who falls under any subparagraph of Article 104 (1) of the Act or who intends to report any concealed property shall file a report thereon with the NHIS as determined by the NHIS. In such cases, when at least two persons file a report jointly, they shall designate a representative. <Amended on Jun. 20, 2023>
- (2) Upon receiving the report under paragraph (1), after confirming the reported matter, the NHIS shall determine whether to pay a monetary award 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 in this Article the same shall apply).
- (3) The reporter who is notified of the decision to pay a monetary award under paragraph (2) shall apply for the payment of the monetary award to the NHIS, as determined by the NHIS.
- (4) The NHIS shall pay the reporter a monetary award in accordance with the standards for payment of monetary awards stipulated in attached Table 6 within one month from the date the application for payment of the monetary award is received under paragraph (3).
- (5) No monetary award shall be paid to a person who files a report, the details of which is the same with those already reported under paragraph (1).
- (6) “Property prescribed by Presidential Decree” in Article 104 (3) 3 of the Act means property registered or recorded in the name of a person liable to pay the money collectible under Article 57 of the Act, which is located in the Republic of Korea. <Newly Inserted on Jun. 20, 2023>
- (7) Except as provided in paragraphs (1) through (6), matters necessary for the standards, methods, procedures, etc. for the payment of monetary awards and others shall be determined by the NHIS. <Amended on Jun. 20, 2023>

Article 75-2 (Payment of Incentives)

- (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 on Aug. 29, 2014; Dec. 7, 2021>
 1. Prescribing or preparing medicines of which costs of health care benefits 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 effect of which is potent enough to replace 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 (2) 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 70/100 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 benefits with the Review and Assessment Service under Article 47 (2) of the Act. <Newly Inserted on 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 on Aug. 29, 2014>
- (5) Except as provided in paragraphs (1) through (4), matters necessary for the criteria, method, procedures for payment of an incentive and others shall be determined and publicly notified by the Minister of Health and Welfare. <Amended on Aug. 29, 2014>

[This Article Newly Inserted on Sep. 26, 2013]

Article 76 (Restrictions on Eligibility Acquisition as Insured or Dependents by Foreigners)

“Any ground prescribed by Presidential Decree” 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 stay 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 on Sep. 22, 2016]

Article 76-2 (Time to Acquire Eligibility as the Insured for Foreigners)

- (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 insured on any of the following dates, whichever is relevant, pursuant to the proviso of Article 109 (6) of the Act: <Amended on Jul. 16, 2019>
 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 that 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 or she is expected to reside in Korea continuously pursuant to subparagraph 1 of that paragraph: The date the person enters Korea;
 3. Other cases where the Minister of Health and Welfare deems it necessary to determine the timing for acquiring the eligibility as the insured for foreigners, etc. differently from that for Korean nationals residing in Korea, based on the status, period, circumstances, etc. of stay, and publicly notifies such timing: The date prescribed in the relevant public 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 clause 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 of Article 109 (6) of the Act: <Amended on Jun. 11, 2019; Jul. 16, 2019>
1. The employee insured: Any of the following dates:
 - (a) The date following the date the period of stay expires under Article 10-2 (1) 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 timing for losing the eligibility as the insured for foreigners, etc. differently from that for Korean nationals residing in Korea, based on the status, period, circumstances, etc. of stay, and publicly notifies such timing: The date prescribed in the relevant public 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 stay has not expired departed from Korea: The date following the date of departure;
 - (c) The date the self-employed insured requests the exclusion of him or her from the insured pursuant to Article 109 (5) 2 of the Act: Provided, That where the self-employed insured who has failed to pay insurance contributions or the self-employed insured for whom 14 days have not passed since the first payment of insurance contributions requests the exclusion of him or her from the insured after meeting the requirements

determined and publicly notified by the Minister of Health and Welfare, it shall be the date of acquisition of the eligibility;

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

[This Article Newly Inserted on Sep. 22, 2016]

Article 76-3 (Time to Acquire Eligibility as Dependents for Foreigners)

- (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 of Article 109 (6) of the Act:
1. Where the relevant person is a newborn baby: The date he or 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 or her place of residence in Korea or alien registration under any subparagraph of Article 109 (2) of the Act (hereafter in this Article referred to as “resident registration, etc.”): The date he or she makes the relevant resident registration, etc.: Provided, That where the person becomes the employee insured after the resident registration, etc., he or she shall acquire the eligibility on the date he or 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 or 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 or she becomes the employee insured, he or she shall acquire the eligibility on the date he or 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 stay, and publicly notifies such time: The date prescribed in the relevant public 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 or she is deceased; where his or her supporter loses the eligibility as the employee insured; or where he or she receives medical benefits), pursuant to Article 5 of the Act which is applicable mutatis mutandis under the main clause 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 of Article 109 (6) of the Act: <Amended on Jun. 11, 2019>
1. The date following the date the period of stay expires under Article 10-2 (1) 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 stay, and publicly notifies such time: The date prescribed in the relevant public notice.

[This Article Newly Inserted on Sep. 22, 2016]

Article 76-4 (Foreigners Subject to Special Cases on Imposition and Collection of Insurance Contributions)

“Foreigners, etc. residing in Korea prescribed by Presidential Decree” in the proviso of Article 109 (9) of the Act means persons who are not granted any of the following statuses of stay, among foreigners, etc. residing in Korea who are the self-employed insured:

1. A person who has the status of stay granted for immigration through marriage (F-6) specified in attached Table 1-2 of the Enforcement Decree of the Immigration Act;
2. A person who has the status of stay granted for permanent residency (F-5) specified in attached Table 1-3 of the Enforcement Decree of the Immigration Act;
3. A person who has any other status of stay publicly notified by the Minister of Health and Welfare, as deemed necessary for applying 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 circumstances, objective, period, etc. of stay.

[This Article Wholly Amended on Dec. 24, 2018]

Article 77 (Applicable Period for Voluntarily Continuous Insured Persons)

- (1) “Period prescribed by Presidential Decree” in the main clause of Article 110 (2) of the Act means any of the following periods within the scope not exceeding 36 months reckoned from the day following the date employment relationship comes to an end:
 1. A period that ends on the day before the eligibility of the insured who files an application with the NHIS pursuant to Article 110 (1) of the Act (hereinafter referred to as “voluntarily continuous insured person”) changes pursuant to Article 9 (1) 2 of the Act;
 2. A period that ends on the day before a voluntarily continuous insured person loses his or her eligibility pursuant to Article 10 (1) of the Act.
- (2) Where a voluntarily continuous insured person who lost his or her eligibility pursuant to Article 10 (1) 5 of the Act as becoming an eligible recipient prescribed in Article 3 (1) 2 of the Medical Care Assistance Act re-acquires the eligibility of the insured pursuant to Article 8 (1) 1 of the Act and where the date when the eligibility is re-acquired is within 36 months from the day following the date employment relationship comes to an end under paragraph (1), he or she

may file a reapplication for the eligibility of the voluntarily continuous insured person within the period determined by the NHIS. In such cases, the applicator shall retain his or her eligibility during the period prescribed in paragraph (1) from the date when such eligibility is re-acquired.

- (3) Except as provided in paragraph (2), the period, procedures, methods, etc. necessary for re-application for the eligibility of a voluntarily continuous insured person shall be determined by the NHIS.

[This Article Wholly Amended on Jun. 26, 2018]

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 regarding the selection of agencies to be entrusted and the details of entrustment contract.

Article 79 (Allocation of Insurance Contributions and Insurance Contributions 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 obliged to make 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 clause 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 114 (1) of the Act.

Article 81 (Processing of Sensitive Information and Personally Identifiable Information)

- (1) Where unavoidable to perform the following business affairs, the NHIS (including those

entrusted with the business affairs of the NHIS under Article 112 of the Act) may process information on health under Article 23 of the Personal Information Protection Act, data that constitutes a criminal history under subparagraph 2 of Article 18 of the Enforcement Decree of that Act, and data containing resident registration numbers, passport numbers, driver's license numbers, or alien registration numbers under the subparagraphs of Article 19 of that Decree: <Amended on Sep. 26, 2013; Nov. 20, 2014; Jun. 30, 2022; Jun. 20, 2023>

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 benefits to soldiers, etc. in active service under Article 60 of the Act;
 4. Affairs related to the settlement of costs of health care benefits under Article 61 of the Act;
 - 4-2. Affairs related to the provision of financial information, etc. under Articles 72 and 96-2 of the Act;
 - 4-3. Affairs related to the provision of data under Article 81-3 of the Act;
 5. Affairs related to the disclosure of personal details, etc. of persons in arrears under Article 83 of the Act;
 6. Affairs related to the 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 the 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 monetary awards under Article 104 of the Act;
 10. Affairs related to the entrustment of services under Article 112 of the Act.
- (2) Where unavoidable to perform the following business affairs, the Review and Assessment Service may process 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 Article 19 of the Enforcement Decree of that Act: <Amended on Sep. 26, 2013; Nov. 20, 2014; Mar. 27, 2017>
1. Affairs related to reporting on the current status of facilities, equipment, human resources, etc. of health care institutions under Article 43 of the Act;
 - 1-2. Affairs related to the verification of entitlement to health care benefits, 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 the 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 unavoidable to perform the following business affairs, health care institutions

(including organizations authorized by health care institutions to act on their behalf pursuant to Article 47 (7) of the Act, in the case of subparagraph 2) may process 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 Article 19 of the Enforcement Decree of that Act: <Newly Inserted on Mar. 27, 2017; Jun. 20, 2023>

1. Affairs related to the provision of health care benefits referred to in Article 41 (1) of the Act;
 2. Affairs related to claims for costs of health care benefits referred to in Article 47 (1) or (2) of the Act.
- (4) Where unavoidable to perform business affairs regarding claims for the payment of health care costs under Article 49 (3) of the Act, a quasi-health care institution under Article 49 (1) of the Act (hereinafter referred to as “quasi-health care institution”) may process information on health under Article 23 of the Personal Information Protection Act or data containing resident registration numbers, passport numbers, driver's license numbers, or alien registration numbers under Article 19 of the Enforcement Decree of that Act. <Newly Inserted on Jun. 29, 2021; Jun. 20, 2023>
- (5) Where unavoidable to perform business affairs regarding claims for the payment of insurance benefits under the former part of Article 51 (2) of the Act, a person who sells assistive devices under Article 51 (2) of the Act (hereinafter referred to as “assistive device seller”) may process information on health under Article 23 of the Personal Information Protection Act or data containing resident registration numbers, passport numbers, driver's license numbers, or alien registration numbers under Article 19 of the Enforcement Decree of that Act. <Newly Inserted on Jun. 29, 2021; Jun. 20, 2023>
- (6) 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 process data referred to in paragraph (1) where unavoidable to perform the following: <Amended on Mar. 27, 2017; Jun. 29, 2021>
1. Affairs related to approval for delinquency disposition 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 under Article 100 of the Act.

Article 81-2 (Re-Examination of Regulation)

- (1) The Minister of Health and Welfare shall examine the appropriateness of the criteria for reducing the upper limit amount for medicines and suspending the application of health care

benefits under Article 18-2 (4) and subparagraph 2 of attached Table 4-2 every five years, counting from July 1, 2019 (referring to the period that ends on the day before the base date of every fifth year) and shall take measures, such as making improvements.

- (2) The Minister of Health and Welfare shall examine the appropriateness of the rate and amount of co-payment under Article 19 (1) and attached Table 2 every three years, counting from January 1, 2022 (referring to the period that ends on the day before January 1 of every third year), and shall take measures, such as making improvements.

[This Article Wholly Amended on Mar. 8, 2022]

CHAPTER IX PENALTY PROVISIONS

Article 82 (Criteria for Imposition of Administrative Fines)

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