2023年3月

健康保険・介護保険 保険料一覧表

	健康保険料	介護保険料
事業主負担率	62/1,000	8.5/1,000
被保険者負担率	48/1,000	8.5/1,000

富国生命健康保険組合

標準報酬						健康保険料月額			介護保険料月額
等級	月額	日額	報酬月額			被保険者	事業主	合計	被保険者
	円	円	円以上		円未満	円	円	円	円
1	58,000	1,930	63,000円未満			2,784	3,596	6,380	493
2	68,000	2,270	63,000	～	73,000	3,264	4,216	7,480	578
3	78,000	2,600	73,000	～	83,000	3,744	4,836	8,580	663
4	88,000	2,930	83,000	～	93,000	4,224	5,456	9,680	748
5	98,000	3,270	93,000	～	101,000	4,704	6,076	10,780	833
6	104,000	3,470	101,000	～	107,000	4,992	6,448	11,440	884
7	110,000	3,670	107,000	～	114,000	5,280	6,820	12,100	935
8	118,000	3,930	114,000	～	122,000	5,664	7,316	12,980	1,003
9	126,000	4,200	122,000	～	130,000	6,048	7,812	13,860	1,071
10	134,000	4,470	130,000	～	138,000	6,432	8,308	14,740	1,139
11	142,000	4,730	138,000	～	146,000	6,816	8,804	15,620	1,207
12	150,000	5,000	146,000	～	155,000	7,200	9,300	16,500	1,275
13	160,000	5,330	155,000	～	165,000	7,680	9,920	17,600	1,360
14	170,000	5,670	165,000	～	175,000	8,160	10,540	18,700	1,445
15	180,000	6,000	175,000	～	185,000	8,640	11,160	19,800	1,530
16	190,000	6,330	185,000	～	195,000	9,120	11,780	20,900	1,615
17	200,000	6,670	195,000	～	210,000	9,600	12,400	22,000	1,700
18	220,000	7,330	210,000	～	230,000	10,560	13,640	24,200	1,870
19	240,000	8,000	230,000	～	250,000	11,520	14,880	26,400	2,040
20	260,000	8,670	250,000	～	270,000	12,480	16,120	28,600	2,210
21	280,000	9,330	270,000	～	290,000	13,440	17,360	30,800	2,380
22	300,000	10,000	290,000	～	310,000	14,400	18,600	33,000	2,550
23	320,000	10,670	310,000	～	330,000	15,360	19,840	35,200	2,720
24	340,000	11,330	330,000	～	350,000	16,320	21,080	37,400	2,890
25	360,000	12,000	350,000	～	370,000	17,280	22,320	39,600	3,060
26	380,000	12,670	370,000	～	395,000	18,240	23,560	41,800	3,230
27	410,000	13,670	395,000	～	425,000	19,680	25,420	45,100	3,485
28	440,000	14,670	425,000	～	455,000	21,120	27,280	48,400	3,740
29	470,000	15,670	455,000	～	485,000	22,560	29,140	51,700	3,995
30	500,000	16,670	485,000	～	515,000	24,000	31,000	55,000	4,250
31	530,000	17,670	515,000	～	545,000	25,440	32,860	58,300	4,505
32	560,000	18,670	545,000	～	575,000	26,880	34,720	61,600	4,760
33	590,000	19,670	575,000	～	605,000	28,320	36,580	64,900	5,015
34	620,000	20,670	605,000	～	635,000	29,760	38,440	68,200	5,270
35	650,000	21,670	635,000	～	665,000	31,200	40,300	71,500	5,525
36	680,000	22,670	665,000	～	695,000	32,640	42,160	74,800	5,780
37	710,000	23,670	695,000	～	730,000	34,080	44,020	78,100	6,035
38	750,000	25,000	730,000	～	770,000	36,000	46,500	82,500	6,375
39	790,000	26,330	770,000	～	810,000	37,920	48,980	86,900	6,715
40	830,000	27,670	810,000	～	855,000	39,840	51,460	91,300	7,055
41	880,000	29,330	855,000	～	905,000	42,240	54,560	96,800	7,480
42	930,000	31,000	905,000	～	955,000	44,640	57,660	102,300	7,905
43	980,000	32,670	955,000	～	1,005,000	47,040	60,760	107,800	8,330
44	1,030,000	34,330	1,005,000	～	1,055,000	49,440	63,860	113,300	8,755
45	1,090,000	36,330	1,055,000	～	1,115,000	52,320	67,580	119,900	9,265
46	1,150,000	38,330	1,115,000	～	1,175,000	55,200	71,300	126,500	9,775
47	1,210,000	40,330	1,175,000	～	1,235,000	58,080	75,020	133,100	10,285
48	1,270,000	42,330	1,235,000	～	1,295,000	60,960	78,740	139,700	10,795
49	1,330,000	44,330	1,295,000	～	1,355,000	63,840	82,460	146,300	11,305
50	1,390,000	46,330	1,355,000	～	以上	66,720	86,180	152,900	11,815

介護保険料の事業主負担分は省略いたします。