

ダイフク健康保険組合 健康保険料月額表

R3年3月分保険料 令和3年4月納付～適用 / (任意継続被保険者 令和3年4月分保険料 令和3年4月納付～適用)

単位:円

等級	標準報酬		報酬月額		健康保険料月額 ※1			介護保険料月額		
	月額	日額	(以上)	～ (未満)	被保険者 (本人)	事業主	合計	被保険者 (本人)	事業主	合計
1	58,000	1,930		～ 63,000	2,610	2,610	5,220	580	580	1,160
2	68,000	2,270	63,000	～ 73,000	3,060	3,060	6,120	680	680	1,360
3	78,000	2,600	73,000	～ 83,000	3,510	3,510	7,020	780	780	1,560
4	88,000	2,930	83,000	～ 93,000	3,960	3,960	7,920	880	880	1,760
5	98,000	3,270	93,000	～ 101,000	4,410	4,410	8,820	980	980	1,960
6	104,000	3,470	101,000	～ 107,000	4,680	4,680	9,360	1,040	1,040	2,080
7	110,000	3,670	107,000	～ 114,000	4,950	4,950	9,900	1,100	1,100	2,200
8	118,000	3,930	114,000	～ 122,000	5,310	5,310	10,620	1,180	1,180	2,360
9	126,000	4,200	122,000	～ 130,000	5,670	5,670	11,340	1,260	1,260	2,520
10	134,000	4,470	130,000	～ 138,000	6,030	6,030	12,060	1,340	1,340	2,680
11	142,000	4,730	138,000	～ 146,000	6,390	6,390	12,780	1,420	1,420	2,840
12	150,000	5,000	146,000	～ 155,000	6,750	6,750	13,500	1,500	1,500	3,000
13	160,000	5,330	155,000	～ 165,000	7,200	7,200	14,400	1,600	1,600	3,200
14	170,000	5,670	165,000	～ 175,000	7,650	7,650	15,300	1,700	1,700	3,400
15	180,000	6,000	175,000	～ 185,000	8,100	8,100	16,200	1,800	1,800	3,600
16	190,000	6,330	185,000	～ 195,000	8,550	8,550	17,100	1,900	1,900	3,800
17	200,000	6,670	195,000	～ 210,000	9,000	9,000	18,000	2,000	2,000	4,000
18	220,000	7,330	210,000	～ 230,000	9,900	9,900	19,800	2,200	2,200	4,400
19	240,000	8,000	230,000	～ 250,000	10,800	10,800	21,600	2,400	2,400	4,800
20	260,000	8,670	250,000	～ 270,000	11,700	11,700	23,400	2,600	2,600	5,200
21	280,000	9,330	270,000	～ 290,000	12,600	12,600	25,200	2,800	2,800	5,600
22	300,000	10,000	290,000	～ 310,000	13,500	13,500	27,000	3,000	3,000	6,000
23	320,000	10,670	310,000	～ 330,000	14,400	14,400	28,800	3,200	3,200	6,400
24	340,000	11,330	330,000	～ 350,000	15,300	15,300	30,600	3,400	3,400	6,800
25	360,000	12,000	350,000	～ 370,000	16,200	16,200	32,400	3,600	3,600	7,200
26	380,000	12,670	370,000	～ 395,000	17,100	17,100	34,200	3,800	3,800	7,600
27	410,000	13,670	395,000	～ 425,000	18,450	18,450	36,900	4,100	4,100	8,200
28	440,000	14,670	425,000	～ 455,000	19,800	19,800	39,600	4,400	4,400	8,800
29	470,000	15,670	455,000	～ 485,000	21,150	21,150	42,300	4,700	4,700	9,400
30	500,000	16,670	485,000	～ 515,000	22,500	22,500	45,000	5,000	5,000	10,000
31	530,000	17,670	515,000	～ 545,000	23,850	23,850	47,700	5,300	5,300	10,600
32	560,000	18,670	545,000	～ 575,000	25,200	25,200	50,400	5,600	5,600	11,200
33	590,000	19,670	575,000	～ 605,000	26,550	26,550	53,100	5,900	5,900	11,800
34	620,000	20,670	605,000	～ 635,000	27,900	27,900	55,800	6,200	6,200	12,400
35	650,000	21,670	635,000	～ 665,000	29,250	29,250	58,500	6,500	6,500	13,000
36	680,000	22,670	665,000	～ 695,000	30,600	30,600	61,200	6,800	6,800	13,600
37	710,000	23,670	695,000	～ 730,000	31,950	31,950	63,900	7,100	7,100	14,200
38	750,000	25,000	730,000	～ 770,000	33,750	33,750	67,500	7,500	7,500	15,000
39	790,000	26,330	770,000	～ 810,000	35,550	35,550	71,100	7,900	7,900	15,800
40	830,000	27,670	810,000	～ 855,000	37,350	37,350	74,700	8,300	8,300	16,600
41	880,000	29,330	855,000	～ 905,000	39,600	39,600	79,200	8,800	8,800	17,600
42	930,000	31,000	905,000	～ 955,000	41,850	41,850	83,700	9,300	9,300	18,600
43	980,000	32,670	955,000	～ 1,005,000	44,100	44,100	88,200	9,800	9,800	19,600
44	1,030,000	34,330	1,005,000	～ 1,055,000	46,350	46,350	92,700	10,300	10,300	20,600
45	1,090,000	36,330	1,055,000	～ 1,115,000	49,050	49,050	98,100	10,900	10,900	21,800
46	1,150,000	38,330	1,115,000	～ 1,175,000	51,750	51,750	103,500	11,500	11,500	23,000
47	1,210,000	40,330	1,175,000	～ 1,235,000	54,450	54,450	108,900	12,100	12,100	24,200
48	1,270,000	42,330	1,235,000	～ 1,295,000	57,150	57,150	114,300	12,700	12,700	25,400
49	1,330,000	44,330	1,295,000	～ 1,355,000	59,850	59,850	119,700	13,300	13,300	26,600
50	1,390,000	46,330	1,355,000	～	62,550	62,550	125,100	13,900	13,900	27,800

※1 調整保険料を含む

《健康保険料》	90.0/1000	《介護保険料》	20.0/1000
被保険者負担率	45.0/1000	被保険者負担率	10.0/1000
事業主負担率	45.0/1000	事業主負担率	10.0/1000