

商船三井健康保険組合 保険料月額表

健康保険料率	80.00/1000	(被保険者負担率 26.74/1000 事業主負担率 53.26/1000)
介護保険料率	17.00/1000	(被保険者負担率 8.50/1000 事業主負担率 8.50/1000)

【令和5年度適用】

等級	標準報酬		報酬月額	健康保険料月額			介護保険料月額		
	月額	日額	円以上 ~ 円未満	被保険者	事業主	計	被保険者	事業主	計
1	58,000	1,930	~ 63,000	1,550	3,090	4,640	493	493	986
2	68,000	2,270	63,000~ 73,000	1,818	3,622	5,440	578	578	1,156
3	78,000	2,600	73,000~ 83,000	2,085	4,155	6,240	663	663	1,326
4	88,000	2,930	83,000~ 93,000	2,353	4,687	7,040	748	748	1,496
5	98,000	3,270	93,000~ 101,000	2,620	5,220	7,840	833	833	1,666
6	104,000	3,470	101,000~ 107,000	2,780	5,540	8,320	884	884	1,768
7	110,000	3,670	107,000~ 114,000	2,941	5,859	8,800	935	935	1,870
8	118,000	3,930	114,000~ 122,000	3,155	6,285	9,440	1,003	1,003	2,006
9	126,000	4,200	122,000~ 130,000	3,369	6,711	10,080	1,071	1,071	2,142
10	134,000	4,470	130,000~ 138,000	3,583	7,137	10,720	1,139	1,139	2,278
11	142,000	4,730	138,000~ 146,000	3,797	7,563	11,360	1,207	1,207	2,414
12	150,000	5,000	146,000~ 155,000	4,011	7,989	12,000	1,275	1,275	2,550
13	160,000	5,330	155,000~ 165,000	4,278	8,522	12,800	1,360	1,360	2,720
14	170,000	5,670	165,000~ 175,000	4,545	9,055	13,600	1,445	1,445	2,890
15	180,000	6,000	175,000~ 185,000	4,813	9,587	14,400	1,530	1,530	3,060
16	190,000	6,330	185,000~ 195,000	5,080	10,120	15,200	1,615	1,615	3,230
17	200,000	6,670	195,000~ 210,000	5,348	10,652	16,000	1,700	1,700	3,400
18	220,000	7,330	210,000~ 230,000	5,882	11,718	17,600	1,870	1,870	3,740
19	240,000	8,000	230,000~ 250,000	6,417	12,783	19,200	2,040	2,040	4,080
20	260,000	8,670	250,000~ 270,000	6,952	13,848	20,800	2,210	2,210	4,420
21	280,000	9,330	270,000~ 290,000	7,487	14,913	22,400	2,380	2,380	4,760
22	300,000	10,000	290,000~ 310,000	8,022	15,978	24,000	2,550	2,550	5,100
23	320,000	10,670	310,000~ 330,000	8,556	17,044	25,600	2,720	2,720	5,440
24	340,000	11,330	330,000~ 350,000	9,091	18,109	27,200	2,890	2,890	5,780
25	360,000	12,000	350,000~ 370,000	9,626	19,174	28,800	3,060	3,060	6,120
26	380,000	12,670	370,000~ 395,000	10,161	20,239	30,400	3,230	3,230	6,460
27	410,000	13,670	395,000~ 425,000	10,963	21,837	32,800	3,485	3,485	6,970
28	440,000	14,670	425,000~ 455,000	11,765	23,435	35,200	3,740	3,740	7,480
29	470,000	15,670	455,000~ 485,000	12,567	25,033	37,600	3,995	3,995	7,990
30	500,000	16,670	485,000~ 515,000	13,370	26,630	40,000	4,250	4,250	8,500
31	530,000	17,670	515,000~ 545,000	14,172	28,228	42,400	4,505	4,505	9,010
32	560,000	18,670	545,000~ 575,000	14,974	29,826	44,800	4,760	4,760	9,520
33	590,000	19,670	575,000~ 605,000	15,776	31,424	47,200	5,015	5,015	10,030
34	620,000	20,670	605,000~ 635,000	16,578	33,022	49,600	5,270	5,270	10,540
35	650,000	21,670	635,000~ 665,000	17,381	34,619	52,000	5,525	5,525	11,050
36	680,000	22,670	665,000~ 695,000	18,183	36,217	54,400	5,780	5,780	11,560
37	710,000	23,670	695,000~ 730,000	18,985	37,815	56,800	6,035	6,035	12,070
38	750,000	25,000	730,000~ 770,000	20,055	39,945	60,000	6,375	6,375	12,750
39	790,000	26,330	770,000~ 810,000	21,124	42,076	63,200	6,715	6,715	13,430
40	830,000	27,670	810,000~ 855,000	22,194	44,206	66,400	7,055	7,055	14,110
41	880,000	29,330	855,000~ 905,000	23,531	46,869	70,400	7,480	7,480	14,960
42	930,000	31,000	905,000~ 955,000	24,868	49,532	74,400	7,905	7,905	15,810
43	980,000	32,670	955,000~1,005,000	26,205	52,195	78,400	8,330	8,330	16,660
44	1,030,000	34,330	1,005,000~1,055,000	27,542	54,858	82,400	8,755	8,755	17,510
45	1,090,000	36,330	1,055,000~1,115,000	29,146	58,054	87,200	9,265	9,265	18,530
46	1,150,000	38,330	1,115,000~1,175,000	30,751	61,249	92,000	9,775	9,775	19,550
47	1,210,000	40,330	1,175,000~1,235,000	32,355	64,445	96,800	10,285	10,285	20,570
48	1,270,000	42,330	1,235,000~1,295,000	33,959	67,641	101,600	10,795	10,795	21,590
49	1,330,000	44,330	1,295,000~1,355,000	35,564	70,836	106,400	11,305	11,305	22,610
50	1,390,000	46,330	1,355,000~	37,168	74,032	111,200	11,815	11,815	23,630

- * 令和5年3月分保険料から適用されます。但し、任意継続被保険者は令和5年4月分保険料から適用されます。
- * 被保険者ご本人/被扶養者のうちどなたかの年齢が40~64歳の場合、健康保険料と介護保険料が徴収されます。
- * 上記以外の場合、健康保険料のみ徴収されます。