河西工業健康保険組合　保険料月額表

	健康保険料率	介護保険料率
事業主負担率	0.0500	0.0085
被保険者負担率	0.0500	0.0085
合計保険料率	0.1000	0.0170

平成31年 3月 1日改正

報酬月額			標準報酬			一般保険料月額			介護保険料月額		
			等級	月額	日額	被保険者	事業主	合計	被保険者	事業主	合計
円以上		円未満		円	円	円	円	円	円	円	円
	～	63,000	1	58,000	1,930	2,900	2,900	5,800	493	493	986
63,000	～	73,000	2	68,000	2,270	3,400	3,400	6,800	578	578	1,156
73,000	～	83,000	3	78,000	2,600	3,900	3,900	7,800	663	663	1,326
83,000	～	93,000	4	88,000	2,930	4,400	4,400	8,800	748	748	1,496
93,000	～	101,000	5	98,000	3,270	4,900	4,900	9,800	833	833	1,666
101,000	～	107,000	6	104,000	3,470	5,200	5,200	10,400	884	884	1,768
107,000	～	114,000	7	110,000	3,670	5,500	5,500	11,000	935	935	1,870
114,000	～	122,000	8	118,000	3,930	5,900	5,900	11,800	1,003	1,003	2,006
122,000	～	130,000	9	126,000	4,200	6,300	6,300	12,600	1,071	1,071	2,142
130,000	～	138,000	10	134,000	4,470	6,700	6,700	13,400	1,139	1,139	2,278
138,000	～	146,000	11	142,000	4,730	7,100	7,100	14,200	1,207	1,207	2,414
146,000	～	155,000	12	150,000	5,000	7,500	7,500	15,000	1,275	1,275	2,550
155,000	～	165,000	13	160,000	5,330	8,000	8,000	16,000	1,360	1,360	2,720
165,000	～	175,000	14	170,000	5,670	8,500	8,500	17,000	1,445	1,445	2,890
175,000	～	185,000	15	180,000	6,000	9,000	9,000	18,000	1,530	1,530	3,060
185,000	～	195,000	16	190,000	6,330	9,500	9,500	19,000	1,615	1,615	3,230
195,000	～	210,000	17	200,000	6,670	10,000	10,000	20,000	1,700	1,700	3,400
210,000	～	230,000	18	220,000	7,330	11,000	11,000	22,000	1,870	1,870	3,740
230,000	～	250,000	19	240,000	8,000	12,000	12,000	24,000	2,040	2,040	4,080
250,000	～	270,000	20	260,000	8,670	13,000	13,000	26,000	2,210	2,210	4,420
270,000	～	290,000	21	280,000	9,330	14,000	14,000	28,000	2,380	2,380	4,760
290,000	～	310,000	22	300,000	10,000	15,000	15,000	30,000	2,550	2,550	5,100
310,000	～	330,000	23	320,000	10,670	16,000	16,000	32,000	2,720	2,720	5,440
330,000	～	350,000	24	340,000	11,330	17,000	17,000	34,000	2,890	2,890	5,780
350,000	～	370,000	25	360,000	12,000	18,000	18,000	36,000	3,060	3,060	6,120
370,000	～	395,000	26	380,000	12,670	19,000	19,000	38,000	3,230	3,230	6,460
395,000	～	425,000	27	410,000	13,670	20,500	20,500	41,000	3,485	3,485	6,970
425,000	～	455,000	28	440,000	14,670	22,000	22,000	44,000	3,740	3,740	7,480
455,000	～	485,000	29	470,000	15,670	23,500	23,500	47,000	3,995	3,995	7,990
485,000	～	515,000	30	500,000	16,670	25,000	25,000	50,000	4,250	4,250	8,500
515,000	～	545,000	31	530,000	17,670	26,500	26,500	53,000	4,505	4,505	9,010
545,000	～	575,000	32	560,000	17,670	28,000	28,000	56,000	4,760	4,760	9,520
575,000	～	605,000	33	590,000	19,670	29,500	29,500	59,000	5,015	5,015	10,030
605,000	～	635,000	34	620,000	20,670	31,000	31,000	62,000	5,270	5,270	10,540
635,000	～	665,000	35	650,000	21,670	32,500	32,500	65,000	5,525	5,525	11,050
665,000	～	695,000	36	680,000	22,670	34,000	34,000	68,000	5,780	5,780	11,560
695,000	～	730,000	37	710,000	23,670	35,500	35,500	71,000	6,035	6,035	12,070
730,000	～	770,000	38	750,000	25,000	37,500	37,500	75,000	6,375	6,375	12,750
770,000	～	810,000	39	790,000	26,330	39,500	39,500	79,000	6,715	6,715	13,430
810,000	～	855,000	40	830,000	27,670	41,500	41,500	83,000	7,055	7,055	14,110
855,000	～	905,000	41	880,000	29,330	44,000	44,000	88,000	7,480	7,480	14,960
905,000	～	955,000	42	930,000	31,000	46,500	46,500	93,000	7,905	7,905	15,810
955,000	～	1,005,000	43	980,000	32,670	49,000	49,000	98,000	8,330	8,330	16,660
1,005,000	～	1,055,000	44	1,030,000	34,330	51,500	51,500	103,000	8,755	8,755	17,510
1,055,000	～	1,115,000	45	1,090,000	36,330	54,500	54,500	109,000	9,265	9,265	18,530
1,115,000	～	1,175,000	46	1,150,000	38,330	57,500	57,500	115,000	9,775	9,775	19,550
1,175,000	～	1,235,000	47	1,210,000	40,330	60,500	60,500	121,000	10,285	10,285	20,570
1,235,000	～	1,295,000	48	1,270,000	42,330	63,500	63,500	127,000	10,795	10,795	21,590
1,295,000	～	1,355,000	49	1,330,000	44,330	66,500	66,500	133,000	11,305	11,305	22,610
1,355,000	～		50	1,390,000	46,330	69,500	69,500	139,000	11,815	11,815	23,630

（注）被保険者保険料の円未満は切り捨て。