

健康保険の標準報酬月額・保険料額表

令和5年3月1日適用

単位:円

標準報酬			報酬月額			健康保険料(調整保険料含む)			介護保険料		
						料率			料率		
等級	月額	日額	以上	～	未満	被保険者	事業主	計	被保険者	事業主	計
						42/1000	60/1000	102/1000	8.5/1000	8.5/1000	17/1000
1	58,000	1,930		～	63,000	2,436	3,480	5,916	493	493	986
2	68,000	2,270	63,000	～	73,000	2,856	4,080	6,936	578	578	1,156
3	78,000	2,600	73,000	～	83,000	3,276	4,680	7,956	663	663	1,326
4	88,000	2,930	83,000	～	93,000	3,696	5,280	8,976	748	748	1,496
5	98,000	3,270	93,000	～	101,000	4,116	5,880	9,996	833	833	1,666
6	104,000	3,470	101,000	～	107,000	4,368	6,240	10,608	884	884	1,768
7	110,000	3,670	107,000	～	114,000	4,620	6,600	11,220	935	935	1,870
8	118,000	3,930	114,000	～	122,000	4,956	7,080	12,036	1,003	1,003	2,006
9	126,000	4,200	122,000	～	130,000	5,292	7,560	12,852	1,071	1,071	2,142
10	134,000	4,470	130,000	～	138,000	5,628	8,040	13,668	1,139	1,139	2,278
11	142,000	4,730	138,000	～	146,000	5,964	8,520	14,484	1,207	1,207	2,414
12	150,000	5,000	146,000	～	155,000	6,300	9,000	15,300	1,275	1,275	2,550
13	160,000	5,330	155,000	～	165,000	6,720	9,600	16,320	1,360	1,360	2,720
14	170,000	5,670	165,000	～	175,000	7,140	10,200	17,340	1,445	1,445	2,890
15	180,000	6,000	175,000	～	185,000	7,560	10,800	18,360	1,530	1,530	3,060
16	190,000	6,330	185,000	～	195,000	7,980	11,400	19,380	1,615	1,615	3,230
17	200,000	6,670	195,000	～	210,000	8,400	12,000	20,400	1,700	1,700	3,400
18	220,000	7,330	210,000	～	230,000	9,240	13,200	22,440	1,870	1,870	3,740
19	240,000	8,000	230,000	～	250,000	10,080	14,400	24,480	2,040	2,040	4,080
20	260,000	8,670	250,000	～	270,000	10,920	15,600	26,520	2,210	2,210	4,420
21	280,000	9,330	270,000	～	290,000	11,760	16,800	28,560	2,380	2,380	4,760
22	300,000	10,000	290,000	～	310,000	12,600	18,000	30,600	2,550	2,550	5,100
23	320,000	10,670	310,000	～	330,000	13,440	19,200	32,640	2,720	2,720	5,440
24	340,000	11,330	330,000	～	350,000	14,280	20,400	34,680	2,890	2,890	5,780
25	360,000	12,000	350,000	～	370,000	15,120	21,600	36,720	3,060	3,060	6,120
26	380,000	12,670	370,000	～	395,000	15,960	22,800	38,760	3,230	3,230	6,460
27	410,000	13,670	395,000	～	425,000	17,220	24,600	41,820	3,485	3,485	6,970
28	440,000	14,670	425,000	～	455,000	18,480	26,400	44,880	3,740	3,740	7,480
29	470,000	15,670	455,000	～	485,000	19,740	28,200	47,940	3,995	3,995	7,990
30	500,000	16,670	485,000	～	515,000	21,000	30,000	51,000	4,250	4,250	8,500
31	530,000	17,670	515,000	～	545,000	22,260	31,800	54,060	4,505	4,505	9,010
32	560,000	18,670	545,000	～	575,000	23,520	33,600	57,120	4,760	4,760	9,520
33	590,000	19,670	575,000	～	605,000	24,780	35,400	60,180	5,015	5,015	10,030
34	620,000	20,670	605,000	～	635,000	26,040	37,200	63,240	5,270	5,270	10,540
35	650,000	21,670	635,000	～	665,000	27,300	39,000	66,300	5,525	5,525	11,050
36	680,000	22,670	665,000	～	695,000	28,560	40,800	69,360	5,780	5,780	11,560
37	710,000	23,670	695,000	～	730,000	29,820	42,600	72,420	6,035	6,035	12,070
38	750,000	25,000	730,000	～	770,000	31,500	45,000	76,500	6,375	6,375	12,750
39	790,000	26,330	770,000	～	810,000	33,180	47,400	80,580	6,715	6,715	13,430
40	830,000	27,670	810,000	～	855,000	34,860	49,800	84,660	7,055	7,055	14,110
41	880,000	29,330	855,000	～	905,000	36,960	52,800	89,760	7,480	7,480	14,960
42	930,000	31,000	905,000	～	955,000	39,060	55,800	94,860	7,905	7,905	15,810
43	980,000	32,670	955,000	～	1,005,000	41,160	58,800	99,960	8,330	8,330	16,660
44	1,030,000	34,330	1,005,000	～	1,055,000	43,260	61,800	105,060	8,755	8,755	17,510
45	1,090,000	36,330	1,055,000	～	1,115,000	45,780	65,400	111,180	9,265	9,265	18,530
46	1,150,000	38,330	1,115,000	～	1,175,000	48,300	69,000	117,300	9,775	9,775	19,550
47	1,210,000	40,330	1,175,000	～	1,235,000	50,820	72,600	123,420	10,285	10,285	20,570
48	1,270,000	42,330	1,235,000	～	1,295,000	53,340	76,200	129,540	10,795	10,795	21,590
49	1,330,000	44,330	1,295,000	～	1,355,000	55,860	79,800	135,660	11,305	11,305	22,610
50	1,390,000	46,330	1,355,000	～		58,380	83,400	141,780	11,815	11,815	23,630

注 1. 調整保険料率は1.30/1000

2. 介護保険料の支払対象者は40～65歳未満の健康保険の被保険者(介護保険第2号被保険者)及び40歳未満または65歳以上であっても介護保険第2号被保険者を扶養している被保険者(特定被保険者という)です。

3. 任意継続被保険者は、令和5年4月1日適用。