

健康保険・介護保険 標準報酬・保険料月額表

2022年3月分[4月納付分]～2023年2月分[3月納付分]

健康保険料率 2022年 3月1日施行(任意継続被保険者4月1日施行)
介護保険料率 2022年 3月1日施行(任意継続被保険者4月1日施行)
(単位:円)

等級	標準報酬			(a):健康保険料						介護保険料			(b):健康保険料+介護保険料		
				80			うち特定保険料(再掲)			19			99		
	月額	日額	報酬の範囲	1,000			1,000			1,000			1,000		
				全額	被保険者	事業主	全額	被保険者	事業主	全額	被保険者	事業主	全額	被保険者	事業主
		以上	未満		38	42		16.15	17.85		8.5	10.5		46.5	52.5
				1,000	1,000		1,000	1,000		1,000	1,000		1,000	1,000	
1	58,000	1,930	～ 63,000	4,640	2,204	2,436	1,972	937	1,035	1,102	493	609	5,742	2,697	3,045
2	68,000	2,270	63,000～ 73,000	5,440	2,584	2,856	2,312	1,099	1,213	1,292	578	714	6,732	3,162	3,570
3	78,000	2,600	73,000～ 83,000	6,240	2,964	3,276	2,652	1,260	1,392	1,482	663	819	7,722	3,627	4,095
4	88,000	2,930	83,000～ 93,000	7,040	3,344	3,696	2,992	1,422	1,570	1,672	748	924	8,712	4,092	4,620
5	98,000	3,270	93,000～ 101,000	7,840	3,724	4,116	3,332	1,583	1,749	1,862	833	1,029	9,702	4,557	5,145
6	104,000	3,470	101,000～ 107,000	8,320	3,952	4,368	3,536	1,680	1,856	1,976	884	1,092	10,296	4,836	5,460
7	110,000	3,670	107,000～ 114,000	8,800	4,180	4,620	3,740	1,777	1,963	2,090	935	1,155	10,890	5,115	5,775
8	118,000	3,930	114,000～ 122,000	9,440	4,484	4,956	4,012	1,906	2,106	2,242	1,003	1,239	11,682	5,487	6,195
9	126,000	4,200	122,000～ 130,000	10,080	4,788	5,292	4,284	2,035	2,249	2,394	1,071	1,323	12,474	5,859	6,615
10	134,000	4,470	130,000～ 138,000	10,720	5,092	5,628	4,556	2,165	2,391	2,546	1,139	1,407	13,266	6,231	7,035
11	142,000	4,730	138,000～ 146,000	11,360	5,396	5,964	4,828	2,294	2,534	2,698	1,207	1,491	14,058	6,603	7,455
12	150,000	5,000	146,000～ 155,000	12,000	5,700	6,300	5,100	2,423	2,677	2,850	1,275	1,575	14,850	6,975	7,875
13	160,000	5,330	155,000～ 165,000	12,800	6,080	6,720	5,440	2,584	2,856	3,040	1,360	1,680	15,840	7,440	8,400
14	170,000	5,670	165,000～ 175,000	13,600	6,460	7,140	5,780	2,746	3,034	3,230	1,445	1,785	16,830	7,905	8,925
15	180,000	6,000	175,000～ 185,000	14,400	6,840	7,560	6,120	2,907	3,213	3,420	1,530	1,890	17,820	8,370	9,450
16	190,000	6,330	185,000～ 195,000	15,200	7,220	7,980	6,460	3,069	3,391	3,610	1,615	1,995	18,810	8,835	9,975
17	200,000	6,670	195,000～ 210,000	16,000	7,600	8,400	6,800	3,230	3,570	3,800	1,700	2,100	19,800	9,300	10,500
18	220,000	7,330	210,000～ 230,000	17,600	8,360	9,240	7,480	3,553	3,927	4,180	1,870	2,310	21,780	10,230	11,550
19	240,000	8,000	230,000～ 250,000	19,200	9,120	10,080	8,160	3,876	4,284	4,560	2,040	2,520	23,760	11,160	12,600
20	260,000	8,670	250,000～ 270,000	20,800	9,880	10,920	8,840	4,199	4,641	4,940	2,210	2,730	25,740	12,090	13,650
21	280,000	9,330	270,000～ 290,000	22,400	10,640	11,760	9,520	4,522	4,998	5,320	2,380	2,940	27,720	13,020	14,700
22	300,000	10,000	290,000～ 310,000	24,000	11,400	12,600	10,200	4,845	5,355	5,700	2,550	3,150	29,700	13,950	15,750
23	320,000	10,670	310,000～ 330,000	25,600	12,160	13,440	10,880	5,168	5,712	6,080	2,720	3,360	31,680	14,880	16,800
24	340,000	11,330	330,000～ 350,000	27,200	12,920	14,280	11,560	5,491	6,069	6,460	2,890	3,570	33,660	15,810	17,850
25	360,000	12,000	350,000～ 370,000	28,800	13,680	15,120	12,240	5,814	6,426	6,840	3,060	3,780	35,640	16,740	18,900
26	380,000	12,670	370,000～ 395,000	30,400	14,440	15,960	12,920	6,137	6,783	7,220	3,230	3,990	37,620	17,670	19,950
27	410,000	13,670	395,000～ 425,000	32,800	15,580	17,220	13,940	6,622	7,318	7,790	3,485	4,305	40,590	19,065	21,525
28	440,000	14,670	425,000～ 455,000	35,200	16,720	18,480	14,960	7,106	7,854	8,360	3,740	4,620	43,560	20,460	23,100
29	470,000	15,670	455,000～ 485,000	37,600	17,860	19,740	15,980	7,591	8,389	8,930	3,995	4,935	46,530	21,855	24,675
30	500,000	16,670	485,000～ 515,000	40,000	19,000	21,000	17,000	8,075	8,925	9,500	4,250	5,250	49,500	23,250	26,250
31	530,000	17,670	515,000～ 545,000	42,400	20,140	22,260	18,020	8,560	9,460	10,070	4,505	5,565	52,470	24,645	27,825
32	560,000	18,670	545,000～ 575,000	44,800	21,280	23,520	19,040	9,044	9,996	10,640	4,760	5,880	55,440	26,040	29,400
33	590,000	19,670	575,000～ 605,000	47,200	22,420	24,780	20,060	9,529	10,531	11,210	5,015	6,195	58,410	27,435	30,975
34	620,000	20,670	605,000～ 635,000	49,600	23,560	26,040	21,080	10,013	11,067	11,780	5,270	6,510	61,380	28,830	32,550
35	650,000	21,670	635,000～ 665,000	52,000	24,700	27,300	22,100	10,498	11,602	12,350	5,525	6,825	64,350	30,225	34,125
36	680,000	22,670	665,000～ 695,000	54,400	25,840	28,560	23,120	10,982	12,138	12,920	5,780	7,140	67,320	31,620	35,700
37	710,000	23,670	695,000～ 730,000	56,800	26,980	29,820	24,140	11,467	12,673	13,490	6,035	7,455	70,290	33,015	37,275
38	750,000	25,000	730,000～ 770,000	60,000	28,500	31,500	25,500	12,113	13,387	14,250	6,375	7,875	74,250	34,875	39,375
39	790,000	26,330	770,000～ 810,000	63,200	30,020	33,180	26,860	12,759	14,101	15,010	6,715	8,295	78,210	36,735	41,475
40	830,000	27,670	810,000～ 855,000	66,400	31,540	34,860	28,220	13,405	14,815	15,770	7,055	8,715	82,170	38,595	43,575
41	880,000	29,330	855,000～ 905,000	70,400	33,440	36,960	29,920	14,212	15,708	16,720	7,480	9,240	87,120	40,920	46,200
42	930,000	31,000	905,000～ 955,000	74,400	35,340	39,060	31,620	15,020	16,600	17,670	7,905	9,765	92,070	43,245	48,825
43	980,000	32,670	955,000～ 1,005,000	78,400	37,240	41,160	33,320	15,827	17,493	18,620	8,330	10,290	97,020	45,570	51,450
44	1,030,000	34,330	1,005,000～ 1,055,000	82,400	39,140	43,260	35,020	16,635	18,385	19,570	8,755	10,815	101,970	47,895	54,075
45	1,090,000	36,330	1,055,000～ 1,115,000	87,200	41,420	45,780	37,060	17,604	19,456	20,710	9,265	11,445	107,910	50,685	57,225
46	1,150,000	38,330	1,115,000～ 1,175,000	92,000	43,700	48,300	39,100	18,573	20,527	21,850	9,775	12,075	113,850	53,475	60,375
47	1,210,000	40,330	1,175,000～ 1,235,000	96,800	45,980	50,820	41,140	19,542	21,598	22,990	10,285	12,705	119,790	56,265	63,525
48	1,270,000	42,330	1,235,000～ 1,295,000	101,600	48,260	53,340	43,180	20,511	22,669	24,130	10,795	13,335	125,730	59,055	66,675
49	1,330,000	44,330	1,295,000～ 1,355,000	106,400	50,540	55,860	45,220	21,480	23,740	25,270	11,305	13,965	131,670	61,845	69,825
50	1,390,000	46,330	1,355,000～	111,200	52,820	58,380	47,260	22,449	24,811	26,410	11,815	14,595	137,610	64,635	72,975

- ◆任意継続被保険者は全額被保険者負担となり、25等級が上限です。
- ◆40歳～64歳の被保険者は、(b)欄の健康保険料+介護保険料を使用して下さい。
- ◆上記年齢以外の被保険者は、(a)欄の健康保険料を使用して下さい。