

# トマト共済

## 月払保険料表

※年払の場合 下記保険料の11.5か月分の保険料になります。

入院共済金日額 10,000円コース				契約年齢 (歳)	入院共済金日額 5,000円コース			
60日型		30日型			60日型		30日型	
男性	女性	男性	女性	男性	女性	男性	女性	
¥4,800	¥4,200	¥4,700	¥4,100	40	¥2,400	¥2,100	¥2,350	¥2,050
¥4,900	¥4,300	¥4,800	¥4,200	41	¥2,450	¥2,150	¥2,400	¥2,100
¥5,000	¥4,400	¥4,900	¥4,300	42	¥2,500	¥2,200	¥2,450	¥2,150
¥5,100	¥4,500	¥5,098	¥4,400	43	¥2,550	¥2,250	¥2,549	¥2,200
¥5,200	¥4,500	¥5,100	¥4,400	44	¥2,600	¥2,250	¥2,550	¥2,200
¥5,300	¥4,600	¥5,200	¥4,500	45	¥2,650	¥2,300	¥2,600	¥2,250
¥5,400	¥4,700	¥5,300	¥4,600	46	¥2,700	¥2,350	¥2,650	¥2,300
¥5,500	¥4,800	¥5,400	¥4,700	47	¥2,750	¥2,400	¥2,700	¥2,350
¥5,700	¥4,900	¥5,600	¥4,800	48	¥2,850	¥2,450	¥2,800	¥2,400
¥5,800	¥4,900	¥5,700	¥4,800	49	¥2,900	¥2,450	¥2,850	¥2,400
¥5,900	¥5,000	¥5,800	¥4,900	50	¥2,950	¥2,500	¥2,900	¥2,450
¥6,100	¥5,200	¥6,000	¥5,100	51	¥3,050	¥2,600	¥3,000	¥2,550
¥6,200	¥5,300	¥6,100	¥5,200	52	¥3,100	¥2,650	¥3,050	¥2,600
¥6,400	¥5,400	¥6,300	¥5,300	53	¥3,200	¥2,700	¥3,150	¥2,650
¥6,600	¥5,500	¥6,500	¥5,400	54	¥3,300	¥2,750	¥3,250	¥2,700
¥6,700	¥5,700	¥6,600	¥5,600	55	¥3,350	¥2,850	¥3,300	¥2,800
¥6,900	¥5,800	¥6,800	¥5,700	56	¥3,450	¥2,900	¥3,400	¥2,850
¥7,100	¥6,000	¥7,000	¥5,900	57	¥3,550	¥3,000	¥3,500	¥2,950
¥7,300	¥6,100	¥7,200	¥6,000	58	¥3,650	¥3,050	¥3,600	¥3,000
¥7,500	¥6,300	¥7,400	¥6,200	59	¥3,750	¥3,150	¥3,700	¥3,100
¥7,700	¥6,500	¥7,600	¥6,400	60	¥3,850	¥3,250	¥3,800	¥3,200
¥8,000	¥6,700	¥7,700	¥6,500	61	¥4,000	¥3,350	¥3,850	¥3,250
¥8,200	¥6,900	¥8,100	¥6,700	62	¥4,100	¥3,450	¥4,050	¥3,350
¥8,400	¥7,100	¥8,300	¥6,900	63	¥4,200	¥3,550	¥4,150	¥3,450
¥8,700	¥7,300	¥8,600	¥7,100	64	¥4,350	¥3,650	¥4,300	¥3,550
¥8,900	¥7,500	¥8,800	¥7,300	65	¥4,450	¥3,750	¥4,400	¥3,650
¥9,100	¥7,800	¥9,000	¥7,600	66	¥4,550	¥3,900	¥4,500	¥3,800
¥9,400	¥8,000	¥9,300	¥7,800	67	¥4,700	¥4,000	¥4,650	¥3,900
¥9,600	¥8,200	¥9,500	¥8,000	68	¥4,800	¥4,100	¥4,750	¥4,000
¥9,900	¥8,500	¥9,800	¥8,300	69	¥4,950	¥4,250	¥4,900	¥4,150
¥10,300	¥8,900	¥10,100	¥8,700	70	¥5,150	¥4,450	¥5,050	¥4,350
¥10,800	¥9,300	¥10,600	¥9,100	71	¥5,400	¥4,650	¥5,300	¥4,550
¥11,300	¥9,600	¥11,100	¥9,400	72	¥5,650	¥4,800	¥5,550	¥4,700
¥11,800	¥10,000	¥11,600	¥9,800	73	¥5,900	¥5,000	¥5,800	¥4,900
¥12,300	¥10,300	¥12,100	¥10,100	74	¥6,150	¥5,150	¥6,050	¥5,050
¥12,300	¥11,300	¥12,100	¥11,100	75	¥6,150	¥5,650	¥6,050	¥5,550
¥12,800	¥11,300	¥12,600	¥11,100	76	¥6,400	¥5,650	¥6,300	¥5,550
¥13,300	¥12,300	¥13,100	¥12,100	77	¥6,650	¥6,150	¥6,550	¥6,050
¥13,800	¥12,300	¥13,600	¥12,100	78	¥6,900	¥6,150	¥6,800	¥6,050
¥14,300	¥13,300	¥14,100	¥13,100	79	¥7,150	¥6,650	¥7,050	¥6,550
¥15,300	¥13,300	¥15,100	¥13,100	80	¥7,650	¥6,650	¥7,550	¥6,550
¥16,300	¥14,300	¥16,100	¥14,100	81	¥8,150	¥7,150	¥8,050	¥7,050
¥16,800	¥14,300	¥16,600	¥14,100	82	¥8,400	¥7,150	¥8,300	¥7,050
¥17,300	¥15,300	¥17,100	¥15,100	83	¥8,650	¥7,650	¥8,550	¥7,550
¥17,800	¥16,300	¥17,600	¥16,100	84	¥8,900	¥8,150	¥8,800	¥8,050
¥18,800	¥16,800	¥18,600	¥16,600	85	¥9,400	¥8,400	¥9,300	¥8,300



契約年齢 (歳)	短期入院 一時金 1万円あたり		がん診断一時金 一時金 10万円あたり		三大疾病一時金 一時金 10万円あたり		先進医療 上限100万円	
	男性	女性	男性	女性	男性	女性	男性	女性
40	¥130	¥130	¥370	¥250	¥550	¥350	¥500	¥500
41	¥130	¥130	¥380	¥250	¥550	¥350	¥500	¥500
42	¥130	¥130	¥390	¥250	¥550	¥350	¥500	¥500
43	¥140	¥130	¥400	¥280	¥550	¥350	¥500	¥500
44	¥140	¥130	¥420	¥280	¥600	¥400	¥500	¥500
45	¥140	¥130	¥440	¥280	¥650	¥400	¥500	¥500
46	¥140	¥130	¥450	¥300	¥650	¥400	¥500	¥500
47	¥140	¥130	¥470	¥300	¥700	¥400	¥500	¥500
48	¥140	¥130	¥480	¥310	¥700	¥450	¥500	¥500
49	¥140	¥130	¥490	¥310	¥700	¥450	¥500	¥500
50	¥150	¥130	¥500	¥320	¥750	¥450	¥500	¥500
51	¥150	¥140	¥550	¥330	¥750	¥500	¥500	¥500
52	¥150	¥140	¥550	¥330	¥800	¥500	¥500	¥500
53	¥160	¥140	¥600	¥350	¥800	¥500	¥500	¥500
54	¥160	¥150	¥600	¥350	¥850	¥500	¥500	¥500
55	¥170	¥150	¥620	¥380	¥850	¥500	¥500	¥500
56	¥170	¥150	¥640	¥380	¥900	¥550	¥500	¥500
57	¥180	¥160	¥650	¥380	¥900	¥550	¥500	¥500
58	¥180	¥160	¥670	¥400	¥950	¥550	¥500	¥500
59	¥190	¥170	¥690	¥400	¥950	¥550	¥500	¥500
60	¥200	¥170	¥800	¥400	¥1,350	¥800	¥500	¥500
61	¥200	¥180	¥830	¥400	¥1,350	¥800	¥500	¥500
62	¥210	¥190	¥850	¥450	¥1,350	¥800	¥500	¥500
63	¥210	¥190	¥870	¥450	¥1,450	¥800	¥500	¥500
64	¥220	¥200	¥890	¥450	¥1,450	¥800	¥500	¥500
65	¥230	¥200	¥910	¥450	¥1,450	¥800	¥500	¥500
66	¥230	¥210	¥930	¥450	¥1,450	¥800	¥500	¥500
67	¥240	¥210	¥940	¥450	¥1,450	¥900	¥500	¥500
68	¥240	¥220	¥950	¥450	¥1,550	¥900	¥500	¥500
69	¥250	¥220	¥980	¥450	¥1,550	¥900	¥500	¥500
70	¥250	¥230	¥1,050	¥700	¥1,650	¥900	¥500	¥500
71	¥260	¥240	¥1,060	¥700	¥1,750	¥900	¥500	¥500
72	¥270	¥240	¥1,080	¥700	¥1,750	¥900	¥500	¥500
73	¥300	¥250	¥1,100	¥700	¥1,750	¥900	¥500	¥500
74	¥300	¥250	¥1,110	¥700	¥1,750	¥900	¥500	¥500
75	¥310	¥270	¥1,130	¥700	¥1,850	¥900	¥500	¥500
76	¥320	¥280	¥1,130	¥800	¥1,850	¥1,000	¥500	¥500
77	¥330	¥280	¥1,140	¥800	¥1,850	¥1,000	¥500	¥500
78	¥350	¥290	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
79	¥360	¥300	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
80	¥370	¥310	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
81	¥380	¥320	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
82	¥400	¥330	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
83	¥410	¥330	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
84	¥430	¥340	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500
85	¥440	¥350	¥1,300	¥1,000	¥1,850	¥1,200	¥500	¥500

※入院共済金は1,000円単位でお申込み頂けます。上記に記載がない共済金に関してはトマト共済または代理店担当者にお問い合わせください。

※特約に関しては上記記載の保障が最低設定補償額となり10倍までお申込み頂けます。(先進医療は1口のみ)