

日本ライト共済 通常医療共済（緩和型）

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				短期入院特約 一時金 1万円あたり	がん一時金 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		
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	男性	女性	男性	女性	男性	女性	男性	女性	男性	女性	男性	女性	男性	女性	
¥4,660	¥4,100	¥4,200	¥3,700	40	¥2,330	¥2,050	¥2,100	¥1,850	¥130	¥130	¥370	¥260	¥530	¥330	¥500	¥500
¥4,760	¥4,140	¥4,300	¥3,740	41	¥2,380	¥2,070	¥2,150	¥1,870	¥130	¥120	¥380	¥260	¥550	¥340	¥500	¥500
¥4,860	¥4,200	¥4,380	¥3,780	42	¥2,430	¥2,100	¥2,190	¥1,890	¥140	¥120	¥390	¥270	¥570	¥350	¥500	¥500
¥4,960	¥4,280	¥4,480	¥3,860	43	¥2,480	¥2,140	¥2,240	¥1,930	¥140	¥120	¥410	¥270	¥590	¥360	¥500	¥500
¥5,060	¥4,360	¥4,560	¥3,940	44	¥2,530	¥2,180	¥2,280	¥1,970	¥140	¥120	¥420	¥280	¥610	¥370	¥500	¥500
¥5,180	¥4,440	¥4,680	¥4,000	45	¥2,590	¥2,220	¥2,340	¥2,000	¥140	¥120	¥430	¥280	¥620	¥380	¥500	¥500
¥5,280	¥4,540	¥4,760	¥4,100	46	¥2,640	¥2,270	¥2,380	¥2,050	¥140	¥130	¥450	¥290	¥640	¥390	¥500	¥500
¥5,400	¥4,620	¥4,860	¥4,160	47	¥2,700	¥2,310	¥2,430	¥2,080	¥140	¥130	¥470	¥300	¥670	¥400	¥500	¥500
¥5,520	¥4,720	¥4,980	¥4,260	48	¥2,760	¥2,360	¥2,490	¥2,130	¥140	¥130	¥480	¥310	¥690	¥410	¥500	¥500
¥5,640	¥4,800	¥5,080	¥4,320	49	¥2,820	¥2,400	¥2,540	¥2,160	¥140	¥130	¥500	¥310	¥710	¥420	¥500	¥500
¥5,760	¥4,900	¥5,200	¥4,420	50	¥2,880	¥2,450	¥2,600	¥2,210	¥150	¥130	¥520	¥320	¥730	¥430	¥500	¥500
¥5,920	¥5,020	¥5,340	¥4,520	51	¥2,960	¥2,510	¥2,670	¥2,260	¥150	¥140	¥540	¥330	¥760	¥440	¥500	¥500
¥6,080	¥5,140	¥5,480	¥4,640	52	¥3,040	¥2,570	¥2,740	¥2,320	¥150	¥140	¥560	¥340	¥780	¥450	¥500	¥500
¥6,240	¥5,280	¥5,620	¥4,760	53	¥3,120	¥2,640	¥2,810	¥2,380	¥160	¥140	¥580	¥340	¥800	¥470	¥500	¥500
¥6,420	¥5,400	¥5,780	¥4,860	54	¥3,210	¥2,700	¥2,890	¥2,430	¥160	¥150	¥600	¥350	¥830	¥480	¥500	¥500
¥6,580	¥5,540	¥5,940	¥5,000	55	¥3,290	¥2,770	¥2,970	¥2,500	¥170	¥150	¥620	¥360	¥850	¥490	¥500	¥500
¥6,780	¥5,680	¥6,120	¥5,120	56	¥3,390	¥2,840	¥3,060	¥2,560	¥170	¥150	¥640	¥360	¥880	¥500	¥500	¥500
¥6,980	¥5,840	¥6,300	¥5,260	57	¥3,490	¥2,920	¥3,150	¥2,630	¥180	¥160	¥650	¥370	¥900	¥510	¥500	¥500
¥7,180	¥6,000	¥6,480	¥5,400	58	¥3,590	¥3,000	¥3,240	¥2,700	¥180	¥160	¥670	¥380	¥920	¥520	¥500	¥500
¥7,380	¥6,180	¥6,660	¥5,580	59	¥3,690	¥3,090	¥3,330	¥2,790	¥190	¥170	¥690	¥390	¥950	¥530	¥500	¥500
¥7,580	¥6,360	¥6,840	¥5,740	60	¥3,790	¥3,180	¥3,420	¥2,870	¥200	¥170	¥710	¥390	¥970	¥540	¥500	¥500
¥7,820	¥6,540	¥7,040	¥5,900	61	¥3,910	¥3,270	¥3,520	¥2,950	¥200	¥180	¥730	¥400	¥1,000	¥550	¥500	¥500
¥8,040	¥6,740	¥7,240	¥6,080	62	¥4,020	¥3,370	¥3,620	¥3,040	¥210	¥180	¥750	¥410	¥1,020	¥560	¥500	¥500
¥8,280	¥6,960	¥7,460	¥6,280	63	¥4,140	¥3,480	¥3,730	¥3,140	¥210	¥190	¥770	¥410	¥1,040	¥580	¥500	¥500
¥8,520	¥7,180	¥7,680	¥6,480	64	¥4,260	¥3,590	¥3,840	¥3,240	¥220	¥190	¥790	¥420	¥1,070	¥590	¥500	¥500
¥8,760	¥7,400	¥7,900	¥6,660	65	¥4,380	¥3,700	¥3,950	¥3,330	¥230	¥200	¥810	¥430	¥1,090	¥600	¥500	¥500
¥9,000	¥7,620	¥8,100	¥6,860	66	¥4,500	¥3,810	¥4,050	¥3,430	¥230	¥210	¥830	¥430	¥1,110	¥610	¥500	¥500
¥9,240	¥7,860	¥8,320	¥7,080	67	¥4,620	¥3,930	¥4,160	¥3,540	¥240	¥210	¥840	¥440	¥1,130	¥630	¥500	¥500
¥9,480	¥8,100	¥8,540	¥7,300	68	¥4,740	¥4,050	¥4,270	¥3,650	¥240	¥220	¥860	¥440	¥1,150	¥640	¥500	¥500
¥9,720	¥8,340	¥8,760	¥7,520	69	¥4,860	¥4,170	¥4,380	¥3,760	¥250	¥220	¥880	¥450	¥1,180	¥650	¥500	¥500
¥9,960	¥8,600	¥8,980	¥7,740	70	¥4,980	¥4,300	¥4,490	¥3,870	¥260	¥230	¥900	¥450	¥1,200	¥670	¥500	¥500
¥10,320	¥8,940	¥9,300	¥8,060	71	¥5,160	¥4,470	¥4,650	¥4,030	¥270	¥240	¥910	¥460	¥1,220	¥680	¥500	¥500
¥10,700	¥9,280	¥9,640	¥8,360	72	¥5,350	¥4,640	¥4,820	¥4,180	¥280	¥240	¥930	¥460	¥1,240	¥700	¥500	¥500
¥11,080	¥9,640	¥9,980	¥8,680	73	¥5,540	¥4,820	¥4,990	¥4,340	¥290	¥250	¥940	¥460	¥1,260	¥710	¥500	¥500
¥11,480	¥10,000	¥10,340	¥9,000	74	¥5,740	¥5,000	¥5,170	¥4,500	¥300	¥260	¥960	¥470	¥1,290	¥720	¥500	¥500
¥11,920	¥10,400	¥10,740	¥9,360	75	¥5,960	¥5,200	¥5,370	¥4,680	¥310	¥270	¥980	¥470	¥1,310	¥740	¥500	¥500
¥12,420	¥10,840	¥11,180	¥9,760	76	¥6,210	¥5,420	¥5,590	¥4,880	¥320	¥280	¥980	¥470	¥1,320	¥750	¥500	¥500
¥12,940	¥11,300	¥11,660	¥10,180	77	¥6,470	¥5,650	¥5,830	¥5,090	¥330	¥280	¥980	¥470	¥1,340	¥760	¥500	¥500
¥13,500	¥11,780	¥12,160	¥10,620	78	¥6,750	¥5,890	¥6,080	¥5,310	¥350	¥290	¥980	¥470	¥1,350	¥780	¥500	¥500
¥14,080	¥12,300	¥12,680	¥11,080	79	¥7,040	¥6,150	¥6,340	¥5,540	¥360	¥300	¥980	¥470	¥1,360	¥790	¥500	¥500
¥14,680	¥12,840	¥13,220	¥11,560	80	¥7,340	¥6,420	¥6,610	¥5,780	¥370	¥310	¥980	¥470	¥1,380	¥800	¥500	¥500
¥15,340	¥13,440	¥13,820	¥12,100	81	¥7,670	¥6,720	¥6,910	¥6,050	¥390	¥320	¥980	¥470	¥1,380	¥810	¥500	¥500
¥16,020	¥14,080	¥14,420	¥12,680	82	¥8,010	¥7,040	¥7,210	¥6,340	¥400	¥320	¥970	¥470	¥1,390	¥820	¥500	¥500
¥16,720	¥14,740	¥15,060	¥13,280	83	¥8,360	¥7,370	¥7,530	¥6,640	¥410	¥330	¥970	¥470	¥1,400	¥840	¥500	¥500
¥17,460	¥15,400	¥15,720	¥13,860	84	¥8,730	¥7,700	¥7,860	¥6,930	¥430	¥340	¥960	¥460	¥1,400	¥850	¥500	¥500
¥19,800	¥17,600	¥18,000	¥16,000	85	¥9,900	¥8,800	¥9,000	¥8,000	¥440	¥350	¥960	¥460	¥1,410	¥860	¥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日本ライ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5倍までお申込み頂けます。(先進医療は1口のみ)