泰康附加全能保2017重大疾病保险费率表

（以10000元基本保险金额为计算单位）

单位：元

| 投保年龄 （周岁） | **保险期间：保至被保险人年满70周岁时所在保单年度结束时止** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保险费一次性交纳 | | 5年交 | | 10年交 | | 15年交 | | 20年交 | |
| 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 |
| 18 | 596 | 630 | 148 | 158 | 79 | 84 | 56 | 60 | 44 | 48 |
| 19 | 610 | 644 | 152 | 161 | 80 | 86 | 56 | 61 | 44 | 48 |
| 20 | 624 | 659 | 155 | 165 | 82 | 88 | 57 | 62 | 45 | 49 |
| 21 | 639 | 673 | 159 | 168 | 84 | 90 | 59 | 63 | 47 | 50 |
| 22 | 654 | 688 | 162 | 172 | 86 | 92 | 61 | 64 | 47 | 51 |
| 23 | 668 | 702 | 165 | 176 | 88 | 93 | 61 | 65 | 49 | 52 |
| 24 | 683 | 717 | 169 | 178 | 90 | 95 | 63 | 67 | 50 | 53 |
| 25 | 697 | 732 | 172 | 182 | 91 | 97 | 64 | 68 | 50 | 54 |
| 26 | 712 | 747 | 175 | 186 | 92 | 98 | 65 | 69 | 51 | 55 |
| 27 | 726 | 761 | 178 | 189 | 94 | 100 | 66 | 71 | 52 | 56 |
| 28 | 740 | 776 | 181 | 192 | 96 | 102 | 67 | 72 | 53 | 57 |
| 29 | 755 | 790 | 185 | 195 | 97 | 104 | 68 | 73 | 53 | 58 |
| 30 | 769 | 803 | 187 | 198 | 99 | 105 | 69 | 74 | 55 | 58 |
| 31 | 783 | 817 | 190 | 201 | 100 | 106 | 70 | 75 | 55 | 60 |
| 32 | 797 | 828 | 194 | 204 | 102 | 108 | 71 | 76 | 56 | 60 |
| 33 | 810 | 841 | 197 | 206 | 104 | 110 | 72 | 77 | 57 | 61 |
| 34 | 824 | 852 | 199 | 208 | 104 | 111 | 73 | 78 | 57 | 62 |
| 35 | 837 | 861 | 202 | 210 | 106 | 112 | 74 | 78 | 59 | 62 |
| 36 | 849 | 870 | 204 | 212 | 107 | 113 | 74 | 79 | 59 | 62 |
| 37 | 862 | 877 | 206 | 213 | 108 | 113 | 76 | 80 | 60 | 63 |
| 38 | 872 | 884 | 208 | 213 | 110 | 114 | 76 | 80 | 60 | 63 |
| 39 | 882 | 888 | 209 | 214 | 110 | 114 | 76 | 80 | 61 | 63 |
| 40 | 891 | 891 | 210 | 215 | 111 | 114 | 78 | 80 | 62 | 63 |
| 41 | 898 | 893 | 211 | 214 | 111 | 113 | 78 | 80 |  |  |
| 42 | 904 | 893 | 212 | 214 | 112 | 114 | 79 | 79 |  |  |
| 43 | 907 | 891 | 212 | 212 | 112 | 113 | 78 | 79 |  |  |
| 44 | 910 | 887 | 212 | 210 | 112 | 111 | 78 | 78 |  |  |
| 45 | 909 | 881 | 210 | 207 | 111 | 110 |  |  |  |  |
| 46 | 907 | 872 | 209 | 204 | 110 | 108 |  |  |  |  |
| 47 | 900 | 860 | 205 | 199 | 109 | 106 |  |  |  |  |
| 48 | 892 | 847 | 202 | 195 | 107 | 103 |  |  |  |  |
| 49 | 880 | 832 | 197 | 190 |  |  |  |  |  |  |
| 50 | 865 | 814 | 192 | 183 |  |  |  |  |  |  |
| 51 | 846 | 793 | 186 | 176 |  |  |  |  |  |  |
| 52 | 823 | 771 | 179 | 168 |  |  |  |  |  |  |
| 53 | 797 | 746 |  |  |  |  |  |  |  |  |
| 54 | 765 | 719 |  |  |  |  |  |  |  |  |
| 55 | 730 | 689 |  |  |  |  |  |  |  |  |
| 56 | 690 | 655 |  |  |  |  |  |  |  |  |
| 57 | 644 | 618 |  |  |  |  |  |  |  |  |
| 58 | 594 | 578 |  |  |  |  |  |  |  |  |
| 59 | 541 | 534 |  |  |  |  |  |  |  |  |
| 60 | 485 | 488 |  |  |  |  |  |  |  |  |

泰康附加全能保2017重大疾病保险费率表

（以10000元基本保险金额为计算单位）

单位：元

| 投保年龄 （周岁） | **保险期间：保至被保险人年满80周岁时所在保单年度结束时止** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保险费一次性交纳 | | 5年交 | | 10年交 | | 15年交 | | 20年交 | |
| 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 |
| 18 | 609 | 712 | 154 | 180 | 82 | 96 | 58 | 68 | 46 | 54 |
| 19 | 625 | 729 | 158 | 184 | 84 | 98 | 59 | 70 | 47 | 55 |
| 20 | 640 | 746 | 162 | 188 | 86 | 100 | 62 | 71 | 48 | 57 |
| 21 | 656 | 764 | 165 | 192 | 88 | 103 | 63 | 73 | 50 | 57 |
| 22 | 671 | 781 | 169 | 197 | 90 | 105 | 64 | 75 | 51 | 59 |
| 23 | 688 | 799 | 173 | 201 | 92 | 107 | 65 | 76 | 53 | 60 |
| 24 | 703 | 817 | 177 | 205 | 94 | 110 | 67 | 78 | 53 | 62 |
| 25 | 720 | 836 | 181 | 209 | 97 | 112 | 69 | 79 | 54 | 63 |
| 26 | 736 | 853 | 185 | 214 | 99 | 114 | 70 | 81 | 55 | 65 |
| 27 | 752 | 872 | 188 | 219 | 101 | 116 | 72 | 83 | 57 | 66 |
| 28 | 768 | 890 | 192 | 222 | 102 | 119 | 72 | 85 | 58 | 68 |
| 29 | 785 | 908 | 196 | 227 | 105 | 122 | 75 | 86 | 59 | 69 |
| 30 | 801 | 925 | 199 | 231 | 106 | 124 | 76 | 88 | 61 | 70 |
| 31 | 818 | 943 | 204 | 235 | 109 | 126 | 78 | 90 | 62 | 71 |
| 32 | 834 | 960 | 208 | 239 | 111 | 128 | 79 | 91 | 63 | 73 |
| 33 | 851 | 976 | 212 | 243 | 114 | 130 | 80 | 92 | 65 | 75 |
| 34 | 867 | 992 | 215 | 246 | 115 | 132 | 82 | 94 | 66 | 75 |
| 35 | 883 | 1008 | 219 | 251 | 118 | 135 | 84 | 96 | 69 | 77 |
| 36 | 900 | 1022 | 223 | 253 | 120 | 137 | 86 | 97 | 70 | 78 |
| 37 | 916 | 1035 | 227 | 256 | 122 | 138 | 88 | 99 | 71 | 79 |
| 38 | 931 | 1047 | 231 | 259 | 124 | 139 | 90 | 100 | 73 | 81 |
| 39 | 946 | 1059 | 234 | 261 | 126 | 141 | 91 | 101 | 75 | 81 |
| 40 | 960 | 1069 | 238 | 263 | 128 | 142 | 93 | 101 | 77 | 82 |
| 41 | 973 | 1078 | 240 | 265 | 131 | 144 | 95 | 102 | 80 | 83 |
| 42 | 985 | 1085 | 243 | 267 | 133 | 145 | 98 | 104 | 81 | 84 |
| 43 | 995 | 1091 | 246 | 269 | 135 | 145 | 99 | 104 | 84 | 85 |
| 44 | 1005 | 1095 | 249 | 269 | 137 | 145 | 101 | 105 | 85 | 85 |
| 45 | 1012 | 1098 | 251 | 269 | 139 | 147 | 103 | 105 | 88 | 85 |
| 46 | 1018 | 1099 | 253 | 269 | 140 | 146 | 105 | 105 |  |  |
| 47 | 1022 | 1098 | 254 | 268 | 143 | 145 | 107 | 105 |  |  |
| 48 | 1023 | 1095 | 255 | 266 | 143 | 145 | 109 | 104 |  |  |
| 49 | 1022 | 1090 | 254 | 265 | 145 | 145 | 110 | 103 |  |  |
| 50 | 1018 | 1085 | 254 | 262 | 146 | 143 | 112 | 104 |  |  |
| 51 | 1013 | 1077 | 254 | 259 | 146 | 142 |  |  |  |  |
| 52 | 1003 | 1068 | 252 | 256 | 147 | 141 |  |  |  |  |
| 53 | 992 | 1057 | 249 | 253 | 147 | 138 |  |  |  |  |
| 54 | 976 | 1045 | 247 | 248 | 146 | 136 |  |  |  |  |
| 55 | 958 | 1030 | 242 | 244 | 145 | 133 |  |  |  |  |
| 56 | 935 | 1013 | 238 | 239 |  |  |  |  |  |  |
| 57 | 909 | 994 | 231 | 232 |  |  |  |  |  |  |
| 58 | 880 | 974 | 224 | 226 |  |  |  |  |  |  |
| 59 | 849 | 950 | 216 | 218 |  |  |  |  |  |  |
| 60 | 816 | 924 | 207 | 210 |  |  |  |  |  |  |

泰康附加全能保2017重大疾病保险费率表

（以10000元基本保险金额为计算单位）

单位：元

| 投保年龄 （周岁） | **保险期间：30年** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保险费一次性交纳 | | 5年交 | | 10年交 | | 15年交 | | 20年交 | |
| 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 | 男性 | 女性 |
| 18 | 198 | 265 | 49 | 66 | 26 | 35 | 19 | 24 | 15 | 19 |
| 19 | 216 | 285 | 54 | 70 | 28 | 38 | 20 | 26 | 15 | 20 |
| 20 | 237 | 306 | 58 | 76 | 31 | 40 | 22 | 28 | 17 | 22 |
| 21 | 258 | 327 | 64 | 81 | 34 | 43 | 23 | 30 | 18 | 24 |
| 22 | 282 | 350 | 69 | 86 | 37 | 46 | 25 | 32 | 20 | 26 |
| 23 | 308 | 374 | 75 | 93 | 40 | 49 | 28 | 34 | 21 | 27 |
| 24 | 335 | 399 | 83 | 98 | 44 | 52 | 30 | 36 | 24 | 29 |
| 25 | 365 | 425 | 89 | 104 | 47 | 55 | 33 | 39 | 25 | 31 |
| 26 | 396 | 451 | 97 | 111 | 51 | 59 | 36 | 41 | 27 | 32 |
| 27 | 430 | 479 | 104 | 117 | 55 | 62 | 38 | 43 | 30 | 34 |
| 28 | 465 | 507 | 113 | 125 | 59 | 66 | 41 | 46 | 31 | 36 |
| 29 | 501 | 536 | 121 | 131 | 64 | 70 | 43 | 49 | 34 | 38 |
| 30 | 538 | 566 | 129 | 138 | 68 | 73 | 46 | 51 | 36 | 40 |
| 31 | 575 | 597 | 138 | 146 | 72 | 77 | 50 | 53 | 38 | 42 |
| 32 | 613 | 628 | 147 | 153 | 77 | 81 | 53 | 57 | 40 | 44 |
| 33 | 650 | 660 | 155 | 160 | 80 | 85 | 56 | 60 | 43 | 47 |
| 34 | 687 | 692 | 163 | 168 | 85 | 89 | 59 | 62 | 45 | 49 |
| 35 | 723 | 725 | 171 | 176 | 90 | 93 | 62 | 66 | 48 | 51 |
| 36 | 757 | 759 | 179 | 183 | 94 | 97 | 65 | 68 | 51 | 54 |
| 37 | 792 | 793 | 187 | 192 | 98 | 102 | 68 | 71 | 53 | 56 |
| 38 | 827 | 826 | 195 | 199 | 103 | 106 | 71 | 74 | 56 | 59 |
| 39 | 859 | 859 | 203 | 207 | 107 | 110 | 75 | 77 | 59 | 61 |
| 40 | 891 | 891 | 210 | 215 | 111 | 114 | 78 | 80 | 62 | 63 |
| 41 | 920 | 923 | 217 | 222 | 115 | 118 | 80 | 83 | 64 | 65 |
| 42 | 948 | 954 | 225 | 229 | 119 | 122 | 84 | 86 | 68 | 68 |
| 43 | 973 | 982 | 230 | 236 | 123 | 126 | 87 | 89 | 70 | 70 |
| 44 | 993 | 1007 | 236 | 242 | 127 | 129 | 90 | 91 | 74 | 72 |
| 45 | 1010 | 1028 | 241 | 247 | 130 | 133 | 94 | 94 | 77 | 75 |
| 46 | 1020 | 1047 | 245 | 252 | 134 | 135 | 97 | 96 |  |  |
| 47 | 1026 | 1062 | 248 | 255 | 137 | 137 | 101 | 98 |  |  |
| 48 | 1028 | 1074 | 251 | 259 | 139 | 139 | 104 | 99 |  |  |
| 49 | 1026 | 1081 | 253 | 260 | 143 | 141 | 108 | 102 |  |  |
| 50 | 1018 | 1085 | 254 | 262 | 146 | 143 | 112 | 104 |  |  |