**泰康健保通医院住院津贴医疗保险费率表**

**一、连续投保时费率表**

单位：元

| **年龄（周岁）** | **连续投保时费率** |
| --- | --- |
| 0-3 | 100 |
| 4-9 | 30 |
| 10-19 | 15 |
| 20-29 | 20 |
| 30-39 | 30 |
| 40-49 | 55 |
| 50-59 | 80 |
| 60-64 | 100 |

**二、首次投保或非连续投保时费率表**

单位：元

| **年龄（周岁）** | **首次投保或非连续投保时费率** |
| --- | --- |
| 0-3 | 95 |
| 4-9 | 28 |
| 10-19 | 14 |
| 20-29 | 19 |
| 30-39 | 28 |
| 40-49 | 52 |
| 50-59 | 76 |