

**汇丰惠圆康宁重大疾病保险
标准体费率表（每千元基本保险金额）**

交费期间 年龄\性别	8年交		17年交	
	男性	女性	男性	女性
0	22.23	22.49	12.31	12.45
1	22.87	23.16	12.66	12.82
2	23.54	23.86	13.03	13.20
3	24.26	24.59	13.43	13.61
4	25.01	25.35	13.85	14.04
5	25.79	26.16	14.28	14.48
6	26.61	27.00	14.74	14.96
7	27.47	27.88	15.22	15.45
8	28.36	28.78	15.72	15.96
9	29.28	29.73	16.24	16.49
10	30.23	30.70	16.78	17.04
11	31.22	31.71	17.33	17.62
12	32.23	32.75	17.91	18.21
13	33.28	33.82	18.50	18.82
14	34.36	34.92	19.11	19.45
15	35.48	36.06	19.75	20.10
16	36.63	37.23	20.40	20.77
17	37.82	38.43	21.07	21.46
18	39.05	39.66	21.77	22.16
19	40.25	40.90	22.45	22.88
20	41.48	42.16	23.15	23.61
21	42.73	43.44	23.86	24.35
22	44.02	44.74	24.60	25.11
23	45.35	46.08	25.36	25.90
24	46.71	47.45	26.14	26.70
25	48.11	48.85	26.95	27.53
26	49.55	50.29	27.79	28.38
27	51.03	51.76	28.66	29.26
28	52.56	53.27	29.55	30.16
29	54.13	54.80	30.48	31.08
30	55.74	56.34	31.43	32.02
31	57.38	57.91	32.41	32.98
32	59.06	59.48	33.43	33.94
33	60.78	61.07	34.47	34.93
34	62.54	62.67	35.56	35.92
35	64.34	64.28	36.67	36.94
36	66.19	65.91	37.83	37.97
37	68.07	67.56	39.02	39.02
38	70.00	69.21	40.25	40.07
39	71.96	70.87	41.52	41.14
40	73.95	72.53	42.83	42.21
41	75.97	74.18	44.17	43.29

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42	78.03	75.82	45.57	44.36
43	80.12	77.45	47.01	45.44
44	82.24	79.07	48.50	46.52
45	84.40	80.69	50.04	47.60
46	86.60	82.30	51.64	48.70
47	88.83	83.91	53.31	49.82
48	91.10	85.54	55.03	50.97
49	93.40	87.18	56.83	52.14
50	95.73	88.84	58.68	53.36
51	98.15	90.60		
52	100.90	92.64		
53	103.73	94.72		
54	106.64	96.87		
55	109.62	99.08		
56	112.71	101.36		
57	115.89	103.73		
58	119.18	106.19		
59	122.60	108.74		
60	126.14	111.39		

汇丰惠圆康宁重大疾病保险
次标准体费率表（每千元基本保险金额）

交费期间 年龄\性别	8年交		17年交	
	男性	女性	男性	女性
0	8.31	9.67	4.65	5.39
1	8.46	9.89	4.74	5.52
2	8.64	10.12	4.84	5.66
3	8.83	10.38	4.94	5.80
4	9.04	10.66	5.06	5.95
5	9.28	10.96	5.21	6.14
6	9.53	11.27	5.35	6.32
7	9.79	11.60	5.51	6.52
8	10.07	11.96	5.68	6.73
9	10.36	12.32	5.85	6.96
10	10.66	12.70	6.03	7.19
11	10.97	13.09	6.23	7.43
12	11.29	13.49	6.43	7.69
13	11.63	13.92	6.64	7.96
14	11.97	14.36	6.86	8.23
15	12.32	14.80	7.07	8.52
16	12.69	15.27	7.31	8.82
17	13.08	15.74	7.55	9.12
18	13.47	16.21	7.79	9.44
19	13.81	16.67	8.01	9.75
20	14.15	17.13	8.24	10.06
21	14.50	17.59	8.47	10.39
22	14.84	18.06	8.70	10.72
23	15.18	18.51	8.93	11.05
24	15.52	18.98	9.18	11.40
25	15.88	19.46	9.44	11.76
26	16.26	19.96	9.71	12.15
27	16.64	20.47	9.99	12.54
28	17.04	20.98	10.30	12.95
29	17.44	21.50	10.61	13.37
30	17.84	22.01	10.95	13.79
31	18.25	22.51	11.30	14.22
32	18.66	22.99	11.65	14.66
33	19.08	23.46	12.04	15.09
34	19.51	23.92	12.44	15.55
35	19.94	24.37	12.88	16.00
36	20.38	24.82	13.33	16.47
37	20.84	25.26	13.81	16.94
38	21.30	25.69	14.33	17.42
39	21.77	26.10	14.88	17.90
40	22.24	26.49	15.46	18.37
41	22.71	26.85	16.08	18.83

42	23.17	27.19	16.72	19.29
43	23.64	27.48	17.41	19.72
44	24.12	27.73	18.15	20.14
45	24.60	27.92	18.95	20.56
46	25.09	28.09	19.81	20.97
47	25.60	28.23	20.72	21.38
48	26.13	28.33	21.71	21.79
49	26.66	28.41	22.76	22.23
50	27.19	28.47	23.89	22.68
51	27.82	28.59		
52	28.78	28.96		
53	29.82	29.37		
54	30.95	29.81		
55	32.18	30.29		
56	33.51	30.83		
57	34.97	31.44		
58	36.59	32.15		
59	38.36	32.97		
60	40.31	33.86		

1. 上述次标准体费率为标准体费率之上的额外费率。
2. 上述次标准体费率为次标准体因子等于100%时的毛保费，次标准体毛保费总额根据核保确定的次标准体因子调整得到。