

Comins Plumbing Ltd Voluntary Premiums To add modules or family members Effective 1 May 2024

UniMed



Hospital Select Base Plan \$500 Excess + Specialists (Module S)

Age	Fortnightly	Monthly
Child	\$18.24	\$39.52
21-24	\$35.56	\$77.05
25-29	\$40.04	\$86.75
30-34	\$44.79	\$97.04
35-39	\$52.55	\$113.85
40-44	\$63.24	\$137.01
45-49	\$75.93	\$164.52
50-54	\$93.61	\$202.82
55-59	\$121.95	\$264.22
60-64	\$181.10	\$392.38
65-69	\$245.41	\$531.71
70-74	\$290.00	\$628.33
75-79	\$310.30	\$672.32
80+	\$320.83	\$695.12

Hospital Select Base Plan with Excess removed + Specialists (Module S)

Employee \$9.66 Fortnightly \$20.94 Monthly

Additional Family Members

Age	Fortnightly	Monthly
Child	\$21.20	\$45.94
21-24	\$41.69	\$90.34
25-29	\$46.45	\$100.63
30-34	\$51.77	\$112.17
35-39	\$60.63	\$131.36
40-44	\$72.93	\$158.02
45-49	\$87.52	\$189.62
50-54	\$107.93	\$233.86
55-59	\$140.47	\$304.35
60-64	\$207.78	\$450.18
65-69	\$282.32	\$611.69
70-74	\$334.85	\$725.50
75-79	\$358.68	\$777.13
80+	\$370.96	\$803.75

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$8.57	\$18.57
21-24	\$13.73	\$29.74
25-29	\$18.26	\$39.55
30-34	\$19.12	\$41.43
35-39	\$20.67	\$44.78
40-44	\$22.50	\$48.76
45-49	\$25.47	\$55.18
50-54	\$30.62	\$66.34
55-59	\$36.51	\$79.10
60-64	\$41.70	\$90.36
65-69	\$46.51	\$100.76
70-74	\$49.32	\$106.85
75-79	\$54.37	\$117.80
80+	\$59.29	\$128.47

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$5.14	\$11.14
21-24	\$5.14	\$11.14
25-29	\$10.64	\$23.06
30-34	\$12.19	\$26.40
35-39	\$13.68	\$29.65
40-44	\$15.19	\$32.91
45-49	\$17.15	\$37.15
50-54	\$19.07	\$41.33
55-59	\$21.04	\$45.59
60-64	\$22.97	\$49.76
65-69	\$24.97	\$54.11
70-74	\$26.90	\$58.28
75-79	\$28.86	\$62.54
80+	\$31.91	\$69.13

PLEASE NOTE

- # Premiums are quoted per person
- # Premiums apply to the first TWO children on the policy, thereafter no charge
- # Child rate applies up until age 21
- # All family members on the same policy must have the same level of cover
- # When two adults are on the same policy (spouse/partner) their premiums are calculated on the age of the youngest adult
- # If the Primary member and/or spouse/partner are under 21 years of age the 21-24-year age-band applies

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Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$12.09	\$26.20
21-24	\$18.35	\$39.76
25-29	\$18.73	\$40.58
30-34	\$19.71	\$42.70
35-39	\$20.11	\$43.57
40-44	\$22.04	\$47.75
45-49	\$24.25	\$52.54
50-54	\$26.70	\$57.85
55-59	\$30.59	\$66.27
60-64	\$33.06	\$71.63
65-69	\$35.25	\$76.37
70-74	\$37.19	\$80.57
75-79	\$37.45	\$81.15
80+	\$37.45	\$81.15

PLEASE NOTE

- # Premiums are quoted per person
- # Premiums apply to the first TWO children on the policy, thereafter no charge
- # Child rate applies up until age 21
- # All family members on the same policy must have the same level of cover
- # When two adults are on the same policy (spouse/partner) their premiums are calculated on the age of the youngest adult
- # If the Primary member and/or spouse/partner are under 21 years of age the 21-24 year age-band applies