

# Comins Plumbing Ltd

## Voluntary Premiums

### To add modules or family members

### Effective 1 May 2025

UniMed



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

Age	Fortnightly	Monthly
Child	\$21.82	\$47.27
21-24	\$42.75	\$92.62
25-29	\$47.84	\$103.65
30-34	\$53.40	\$115.70
35-39	\$62.59	\$135.60
40-44	\$75.30	\$163.15
45-49	\$90.39	\$195.84
50-54	\$111.45	\$241.48
55-59	\$145.11	\$314.40
60-64	\$215.01	\$465.85
65-69	\$291.81	\$632.25
70-74	\$345.56	\$748.71
75-79	\$369.98	\$801.62
80+	\$382.60	\$828.96

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

Employee      \$11.88 Fortnightly      \$25.75 Monthly

##### Additional Family Members

Age	Fortnightly	Monthly
Child	\$25.46	\$55.17
21-24	\$50.29	\$108.96
25-29	\$55.72	\$120.72
30-34	\$61.99	\$134.31
35-39	\$72.52	\$157.13
40-44	\$87.22	\$188.99
45-49	\$104.64	\$226.71
50-54	\$129.07	\$279.66
55-59	\$167.89	\$363.77
60-64	\$247.82	\$536.94
65-69	\$337.21	\$730.63
70-74	\$400.72	\$868.23
75-79	\$429.48	\$930.55
80+	\$444.26	\$962.57

#### Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$8.83	\$19.13
21-24	\$14.14	\$30.63
25-29	\$18.80	\$40.74
30-34	\$19.69	\$42.67
35-39	\$21.29	\$46.12
40-44	\$23.18	\$50.22
45-49	\$26.23	\$56.84
50-54	\$31.54	\$68.33
55-59	\$37.60	\$81.47
60-64	\$42.95	\$93.07
65-69	\$47.90	\$103.78
70-74	\$50.80	\$110.06
75-79	\$56.00	\$121.34
80+	\$61.07	\$132.32

#### Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$5.30	\$11.47
21-24	\$5.30	\$11.47
25-29	\$10.96	\$23.75
30-34	\$12.55	\$27.19
35-39	\$14.09	\$30.53
40-44	\$15.64	\$33.89
45-49	\$17.66	\$38.27
50-54	\$19.65	\$42.57
55-59	\$21.67	\$46.95
60-64	\$23.66	\$51.25
65-69	\$25.72	\$55.73
70-74	\$27.71	\$60.03
75-79	\$29.73	\$64.42
80+	\$32.86	\$71.20

#### 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	\$12.46	\$26.99
21-24	\$18.90	\$40.95
25-29	\$19.29	\$41.80
30-34	\$20.30	\$43.99
35-39	\$20.71	\$44.88
40-44	\$22.70	\$49.19
45-49	\$24.98	\$54.11
50-54	\$27.50	\$59.59
55-59	\$31.50	\$68.26
60-64	\$34.05	\$73.78
65-69	\$36.31	\$78.66
70-74	\$38.30	\$82.99
75-79	\$38.58	\$83.58
80+	\$38.58	\$83.58

#### 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