



## Tamaki Regeneration Group

Effective 1 July 2024

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

Age	Fortnightly	Monthly	Annual
Child	\$7.03	\$15.23	\$182.72
19-24	\$11.96	\$25.91	\$310.91
25-29	\$14.97	\$32.43	\$389.13
30-34	\$15.68	\$33.96	\$407.57
35-39	\$16.95	\$36.71	\$440.58
40-44	\$18.45	\$39.97	\$479.68
45-49	\$20.88	\$45.24	\$542.89
50-54	\$25.10	\$54.39	\$652.72
55-59	\$29.93	\$64.85	\$778.21
60-64	\$34.19	\$74.08	\$888.96
65-69	\$38.13	\$82.61	\$991.35
70-74	\$40.43	\$87.61	\$1,051.27
75-79	\$44.58	\$96.58	\$1,159.01
80+	\$48.61	\$105.33	\$1,263.91

### Excess Buyout (Category B Employees Only)

Age	Fortnightly	Monthly	Annual
Adult	\$8.18	\$17.72	\$212.70
Child	\$2.54	\$5.50	\$65.98

### Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.22	\$9.13	\$109.60
19-24	\$4.22	\$9.13	\$109.60
25-29	\$8.72	\$18.90	\$226.85
30-34	\$9.99	\$21.65	\$259.75
35-39	\$11.22	\$24.31	\$291.67
40-44	\$12.45	\$26.98	\$323.75
45-49	\$14.06	\$30.46	\$365.52
50-54	\$15.64	\$33.88	\$406.60
55-59	\$17.25	\$37.38	\$448.51
60-64	\$18.83	\$40.80	\$489.58
65-69	\$20.47	\$44.36	\$532.30
70-74	\$22.05	\$47.78	\$573.40
75-79	\$23.66	\$51.27	\$615.29
80+	\$26.16	\$56.68	\$680.12

### Dental and Vision (Module D)

Age	Fortnightly	Monthly	Annual
Child	\$9.91	\$21.48	\$257.78
19-24	\$15.90	\$34.45	\$413.42
25-29	\$15.36	\$33.27	\$399.27
30-34	\$16.16	\$35.01	\$420.15
35-39	\$16.49	\$35.72	\$428.66
40-44	\$18.07	\$39.15	\$469.81
45-49	\$19.88	\$43.07	\$516.88
50-54	\$21.89	\$47.43	\$569.16
55-59	\$25.08	\$54.33	\$651.98
60-64	\$27.10	\$58.73	\$704.72
65-69	\$28.90	\$62.62	\$751.39
70-74	\$29.97	\$64.94	\$779.34
75-79	\$30.35	\$65.76	\$789.16
80+	\$30.71	\$66.53	\$798.35

**PLEASE NOTE:**

# Premiums are quoted PER PERSON

# When two adults are on the same policy BOTH adult premiums are calculated on the age of the YOUNGEST adult. (Adult over age 21 years)

# Premiums apply to the first four children in a family, thereafter NO CHARGE

# All members of a family must be on the one policy and have the same level of cover