

# Thames Coromandel District Council

## Voluntary Premiums

### To add modules or family members

### Effective 1 September 2024



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

Age	Fortnightly	Monthly
Child	\$14.09	\$30.53
21-24	\$27.29	\$59.13
25-29	\$30.98	\$67.12
30-34	\$34.75	\$75.28
35-39	\$40.82	\$88.45
40-44	\$49.14	\$106.48
45-49	\$59.04	\$127.91
50-54	\$72.76	\$157.64
55-59	\$94.85	\$205.51
60-64	\$141.29	\$306.12
65-69	\$191.07	\$413.98
70-74	\$225.17	\$487.86
75-79	\$240.73	\$521.58
80+	\$248.84	\$539.15

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

Employee \$10.35 Fortnightly \$22.42 Monthly

#### Additional Family Members

Age	Fortnightly	Monthly
Child	\$16.29	\$35.30
21-24	\$31.85	\$69.01
25-29	\$35.74	\$77.44
30-34	\$39.94	\$86.53
35-39	\$46.83	\$101.47
40-44	\$56.35	\$122.09
45-49	\$67.65	\$146.58
50-54	\$83.41	\$180.72
55-59	\$108.62	\$235.35
60-64	\$161.12	\$349.09
65-69	\$218.51	\$473.45
70-74	\$258.51	\$560.10
75-79	\$276.70	\$599.51
80+	\$286.11	\$619.91

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

Age	Fortnightly	Monthly
Child	\$7.33	\$15.88
21-24	\$11.74	\$25.43
25-29	\$15.61	\$33.82
30-34	\$16.35	\$35.42
35-39	\$17.67	\$38.29
40-44	\$19.24	\$41.69
45-49	\$21.78	\$47.18
50-54	\$26.18	\$56.72
55-59	\$31.21	\$67.63
60-64	\$35.66	\$77.25
65-69	\$39.76	\$86.15
70-74	\$42.17	\$91.36
75-79	\$46.49	\$100.72
80+	\$50.69	\$109.84

#### Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.40	\$9.52
21-24	\$4.40	\$9.52
25-29	\$9.10	\$19.71
30-34	\$10.42	\$22.57
35-39	\$11.70	\$25.35
40-44	\$12.99	\$28.13
45-49	\$14.66	\$31.76
50-54	\$16.31	\$35.34
55-59	\$17.99	\$38.98
60-64	\$19.64	\$42.55
65-69	\$21.35	\$46.26
70-74	\$23.00	\$49.83
75-79	\$24.68	\$53.47
80+	\$27.28	\$59.11

#### 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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UniMed



#### Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$10.34	\$22.40
21-24	\$15.69	\$34.00
25-29	\$16.01	\$34.70
30-34	\$16.85	\$36.51
35-39	\$17.19	\$37.25
40-44	\$18.84	\$40.83
45-49	\$20.73	\$44.92
50-54	\$22.83	\$49.46
55-59	\$26.15	\$56.66
60-64	\$28.27	\$61.24
65-69	\$30.14	\$65.30
70-74	\$31.80	\$68.89
75-79	\$32.02	\$69.38
80+	\$32.02	\$69.38

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- # 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