Waitomo District Council

Voluntary Premiums
To add modules or family members
Effective 1 April 2024

Hospital Select Base Plan
Nil excess

Age	Fortnightly	Monthly
Child	$12.49	$27.07
21-24	$25.86	$56.02
25-29	$27.02	$58.54
30-34	$29.45	$63.81
35-39	$34.07	$73.82
40-44	$40.88	$88.58
45-49	$48.86	$105.86
50-54	$60.42	$130.91
55-59	$78.12	$169.27
60-64	$112.51	$243.77
65-69	$155.68	$337.31
70-74	$189.14	$409.79
75-79	$204.03	$442.06
80+	$211.43	$458.10

Hospital Select Base Plan
$500 excess

Age	Fortnightly	Monthly
Child	$10.24	$22.19
21-24	$21.20	$45.94
25-29	$22.16	$48.01
30-34	$24.15	$52.33
35-39	$27.94	$60.53
40-44	$33.52	$72.64
45-49	$40.06	$86.80
50-54	$49.55	$107.35
55-59	$64.06	$138.80
60-64	$92.26	$199.90
65-69	$127.66	$276.59
70-74	$155.09	$336.03
75-79	$167.30	$362.49
80+	$173.37	$375.64

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	$7.48	$16.21
21-24	$11.98	$25.96
25-29	$15.94	$34.53
30-34	$16.69	$36.17
35-39	$18.04	$39.09
40-44	$19.64	$42.56
45-49	$22.23	$48.17
50-54	$26.73	$57.92
55-59	$31.87	$69.05
60-64	$36.41	$78.88
65-69	$40.60	$87.97
70-74	$43.05	$93.28
75-79	$47.47	$102.84
80+	$51.76	$112.15

Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	$4.14	$8.98
21-24	$6.66	$14.44
25-29	$9.47	$20.53
30-34	$11.33	$24.54
35-39	$13.74	$29.78
40-44	$16.65	$36.08
45-49	$20.22	$43.80
50-54	$24.74	$53.61
55-59	$32.79	$71.04
60-64	$52.00	$112.67
65-69	$67.43	$146.11
70-74	$74.82	$162.10
75-79	$78.49	$170.07
80+	$80.70	$174.86

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

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	$4.49	$9.73
21-24	$4.49	$9.73
25-29	$9.29	$20.13
30-34	$10.64	$23.05
35-39	$11.94	$25.88
40-44	$13.26	$28.73
45-49	$14.97	$32.43
50-54	$16.65	$36.08
55-59	$18.37	$39.80
60-64	$20.05	$43.44
65-69	$21.80	$47.23
70-74	$23.48	$50.88
75-79	$25.20	$54.60
80+	$27.85	$60.35

Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	$10.56	$22.87
21-24	$16.02	$34.71
25-29	$16.35	$35.43
30-34	$17.21	$37.28
35-39	$17.55	$38.04
40-44	$19.24	$41.69
45-49	$21.17	$45.86
50-54	$23.31	$50.50
55-59	$26.70	$57.85
60-64	$28.86	$62.53
65-69	$30.77	$66.67
70-74	$32.46	$70.34
75-79	$32.70	$70.84
80+	$32.70	$70.84

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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