

Voluntary Premiums

To add modules or family members

Effective 1 April 2024



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

Age	Fortnightly	Monthly
Child	\$15.15	\$32.81
21-24	\$29.33	\$63.55
25-29	\$33.30	\$72.14
30-34	\$37.34	\$80.91
35-39	\$43.88	\$95.07
40-44	\$52.82	\$114.44
45-49	\$63.45	\$137.48
50-54	\$78.20	\$169.43
55-59	\$101.95	\$220.88
60-64	\$151.85	\$329.01
65-69	\$205.36	\$444.94
70-74	\$242.01	\$524.35
75-79	\$258.73	\$560.59
80+	\$267.45	\$579.47

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

Employee \$9.81 Fortnightly \$21.26 Monthly

Additional Family Members

Age	Fortnightly	Monthly
Child	\$17.51	\$37.94
21-24	\$34.23	\$74.17
25-29	\$38.42	\$83.23
30-34	\$42.92	\$93.00
35-39	\$50.33	\$109.05
40-44	\$60.56	\$131.22
45-49	\$72.71	\$157.54
50-54	\$89.65	\$194.23
55-59	\$116.79	\$253.04
60-64	\$173.17	\$375.20
65-69	\$234.86	\$508.86
70-74	\$277.96	\$602.24
75-79	\$297.39	\$644.35
80+	\$307.51	\$666.27

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$7.88	\$17.07
21-24	\$12.61	\$27.33
25-29	\$16.78	\$36.35
30-34	\$17.57	\$38.07
35-39	\$18.99	\$41.15
40-44	\$20.68	\$44.80
45-49	\$23.40	\$50.71
50-54	\$28.14	\$60.97
55-59	\$33.55	\$72.69
60-64	\$38.32	\$83.03
65-69	\$42.74	\$92.60
70-74	\$45.32	\$98.19
75-79	\$49.96	\$108.26
80+	\$54.49	\$118.05

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.72	\$10.24
21-24	\$4.72	\$10.24
25-29	\$9.78	\$21.19
30-34	\$11.20	\$24.26
35-39	\$12.57	\$27.24
40-44	\$13.96	\$30.24
45-49	\$15.76	\$34.14
50-54	\$17.53	\$37.98
55-59	\$19.34	\$41.89
60-64	\$21.11	\$45.73
65-69	\$22.95	\$49.72
70-74	\$24.72	\$53.56
75-79	\$26.53	\$57.47
80+	\$29.32	\$63.53

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

VetPartners

Voluntary Premiums

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UniMed



Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$11.11	\$24.08
21-24	\$16.86	\$36.54
25-29	\$17.21	\$37.29
30-34	\$18.11	\$39.24
35-39	\$18.48	\$40.04
40-44	\$20.25	\$43.88
45-49	\$22.28	\$48.28
50-54	\$24.54	\$53.16
55-59	\$28.11	\$60.90
60-64	\$30.38	\$65.82
65-69	\$32.39	\$70.18
70-74	\$34.17	\$74.04
75-79	\$34.42	\$74.57
80+	\$34.42	\$74.57

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