

Comins Plumbing Ltd

Voluntary Premiums

To add modules or family members

Effective 1 May 2026

UniMed



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

Age	Fortnightly	Monthly
Child	\$24.31	\$52.67
21-24	\$47.90	\$103.79
25-29	\$53.22	\$115.32
30-34	\$59.27	\$128.42
35-39	\$69.38	\$150.32
40-44	\$83.45	\$180.81
45-49	\$100.12	\$216.94
50-54	\$123.50	\$267.57
55-59	\$160.68	\$348.14
60-64	\$237.43	\$514.43
65-69	\$322.83	\$699.48
70-74	\$383.25	\$830.38
75-79	\$410.64	\$889.72
80+	\$424.74	\$920.26

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

Employee \$13.67 Fortnightly \$29.62 Monthly

Additional Family Members

Age	Fortnightly	Monthly
Child	\$28.50	\$61.75
21-24	\$56.58	\$122.58
25-29	\$62.29	\$134.95
30-34	\$69.15	\$149.82
35-39	\$80.80	\$175.08
40-44	\$97.16	\$210.52
45-49	\$116.51	\$252.44
50-54	\$143.76	\$311.48
55-59	\$186.88	\$404.91
60-64	\$275.17	\$596.19
65-69	\$375.05	\$812.61
70-74	\$446.69	\$967.83
75-79	\$479.07	\$1,037.99
80+	\$495.65	\$1,073.91

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