



Hagley & Thermaseal Voluntary Premium Rates

Effective 1 October 2024

This chart provides information on the premiums payable for staff who wish to add family members, or upgrade their plan.

Remember - There is no cost for your Free plan

Staff plans - FREE FOR EMPLOYEE

- Up to 2 Years service** **FREE Hospital Select Base Plan with \$500 excess**
Family members must also have Base plan
- 2 - 5 Years service** **FREE Hospital Select Base Plan with \$500 excess + 3 x GP visits**
Family members must also have Base plan AND 3 x GP visits
- 5 Years + service** **FREE Hospital Select Base Plan with \$500 excess + 3 GP visits + Specialists Module**
Family members must also have Base plan AND 3 x GP visits AND Specialists Module

Cost for Nil excess - This cost applies to employees who wish to remove the \$500 excess

Person	Fortnightly	Monthly	Annual
Staff	\$7.24	\$15.68	\$188.18
Family	Refer to premiums under Hospital Select Base plan with Excess Removed sections below		

Hospital Select Base Plan with \$500 Excess

Age	Fortnightly	Monthly	Annual
Child	\$11.32	\$24.52	\$294.29
21-24	\$23.46	\$50.83	\$609.94
25-29	\$24.48	\$53.05	\$636.60
30-34	\$26.69	\$57.82	\$693.86
35-39	\$30.87	\$66.89	\$802.70
40-44	\$37.05	\$80.27	\$963.20
45-49	\$44.27	\$95.92	\$1,151.06
50-54	\$54.75	\$118.63	\$1,423.52
55-59	\$70.79	\$153.38	\$1,840.54
60-64	\$101.95	\$220.89	\$2,650.73
65-69	\$141.07	\$305.65	\$3,667.76
70-74	\$171.38	\$371.33	\$4,455.96
75-79	\$184.88	\$400.57	\$4,806.79
80+	\$191.59	\$415.10	\$4,981.22

Hospital Select Base Plan with Excess Removed

Additional Family Members				
Age	Fortnightly	Monthly	Annual	
Child	\$18.56	\$40.21	\$482.48	
21-24	\$30.70	\$66.51	\$798.12	
25-29	\$31.72	\$68.73	\$824.80	
30-34	\$33.93	\$73.51	\$882.07	
35-39	\$38.11	\$82.57	\$990.89	
40-44	\$44.28	\$95.95	\$1,151.39	
45-49	\$51.51	\$111.60	\$1,339.26	
50-54	\$61.99	\$134.31	\$1,611.72	
55-59	\$78.03	\$169.06	\$2,028.73	
60-64	\$109.19	\$236.58	\$2,838.91	
65-69	\$148.31	\$321.33	\$3,855.96	
70-74	\$178.62	\$387.01	\$4,644.16	
75-79	\$192.11	\$416.25	\$4,994.99	
80+	\$198.82	\$430.78	\$5,169.41	

Hospital Select Base Plan 3GPs with \$500 Excess

Age	Fortnightly	Monthly	Annual
Child	\$13.10	\$28.38	\$340.58
21-24	\$27.02	\$58.54	\$702.54
25-29	\$28.05	\$60.77	\$729.20
30-34	\$30.25	\$65.54	\$786.47
35-39	\$34.43	\$74.61	\$895.31
40-44	\$40.61	\$87.98	\$1,055.81
45-49	\$47.83	\$103.64	\$1,243.67
50-54	\$58.31	\$126.34	\$1,516.13
55-59	\$74.35	\$161.09	\$1,933.14
60-64	\$105.51	\$228.61	\$2,743.33
65-69	\$144.63	\$313.36	\$3,760.37
70-74	\$174.94	\$379.05	\$4,548.56
75-79	\$188.44	\$408.28	\$4,899.40
80+	\$195.15	\$422.82	\$5,073.83

Hospital Select Base Plan 3 GPs with Excess Removed

Additional Family Members				
Age	Fortnightly	Monthly	Annual	
Child	\$20.34	\$44.06	\$528.78	
21-24	\$34.26	\$74.23	\$890.72	
25-29	\$35.28	\$76.45	\$917.40	
30-34	\$37.49	\$81.22	\$974.66	
35-39	\$41.67	\$90.29	\$1,083.49	
40-44	\$47.85	\$103.67	\$1,243.99	
45-49	\$55.07	\$119.32	\$1,431.85	
50-54	\$65.55	\$142.03	\$1,704.32	
55-59	\$81.59	\$176.78	\$2,121.32	
60-64	\$112.75	\$244.29	\$2,931.52	
65-69	\$151.87	\$329.05	\$3,948.56	
70-74	\$182.18	\$394.73	\$4,736.75	
75-79	\$195.68	\$423.97	\$5,087.59	
80+	\$202.38	\$438.50	\$5,262.01	

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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This chart provides information on the premiums payable for staff who wish to add additional coverage for themselves and family members.

Add-on Modules to the Hospital Select Base Plan

Day-to-Day (Module G)

Age	Fortnightly	Monthly	Annual
Child	\$6.48	\$14.05	\$168.55
21-24	\$11.03	\$23.90	\$286.82
25-29	\$13.81	\$29.92	\$358.99
30-34	\$14.46	\$31.33	\$375.99
35-39	\$15.63	\$33.87	\$406.45
40-44	\$17.02	\$36.88	\$442.51
45-49	\$19.26	\$41.73	\$500.82
50-54	\$23.16	\$50.18	\$602.14
55-59	\$27.61	\$59.83	\$717.91
60-64	\$31.54	\$68.34	\$820.08
65-69	\$35.17	\$76.21	\$914.53
70-74	\$37.30	\$80.82	\$969.81
75-79	\$41.12	\$89.10	\$1,069.20
80+	\$44.85	\$97.16	\$1,165.98

Specialists and Tests (Module S)

Age	Fortnightly	Monthly	Annual
Child	\$3.47	\$7.52	\$90.21
21-24	\$5.93	\$12.84	\$154.14
25-29	\$7.93	\$17.18	\$206.18
30-34	\$9.48	\$20.54	\$246.50
35-39	\$11.50	\$24.93	\$299.13
40-44	\$13.94	\$30.20	\$362.42
45-49	\$16.92	\$36.67	\$440.01
50-54	\$20.71	\$44.87	\$538.46
55-59	\$27.45	\$59.47	\$713.60
60-64	\$43.53	\$94.31	\$1,131.71
65-69	\$56.45	\$122.30	\$1,467.61
70-74	\$62.63	\$135.69	\$1,628.28
75-79	\$65.70	\$142.36	\$1,708.33
80+	\$67.55	\$146.37	\$1,756.39

Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.29	\$9.30	\$111.57
21-24	\$4.29	\$9.30	\$111.57
25-29	\$8.88	\$19.24	\$230.93
30-34	\$10.17	\$22.03	\$264.42
35-39	\$11.42	\$24.74	\$296.92
40-44	\$12.68	\$27.46	\$329.57
45-49	\$14.31	\$31.01	\$372.10
50-54	\$15.92	\$34.49	\$413.92
55-59	\$17.56	\$38.05	\$456.58
60-64	\$19.17	\$41.53	\$498.41
65-69	\$20.84	\$45.16	\$541.89
70-74	\$22.45	\$48.64	\$583.72
75-79	\$24.09	\$52.20	\$626.37
80+	\$26.63	\$57.70	\$692.37

Dental and Vision (Module D)

Additional Family Members

Age	Fortnightly	Monthly	Annual
Child	\$9.63	\$20.86	\$250.27
21-24	\$15.44	\$33.45	\$401.38
25-29	\$14.91	\$32.30	\$387.64
30-34	\$15.69	\$33.99	\$407.91
35-39	\$16.01	\$34.68	\$416.16
40-44	\$17.54	\$38.01	\$456.14
45-49	\$19.30	\$41.82	\$501.84
50-54	\$21.25	\$46.05	\$552.58
55-59	\$24.35	\$52.75	\$632.99
60-64	\$26.31	\$57.02	\$684.19
65-69	\$28.06	\$60.79	\$729.50
70-74	\$29.10	\$63.05	\$756.64
75-79	\$29.47	\$63.85	\$766.18
80+	\$29.81	\$64.59	\$775.10

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