UniMed

Hagley & Thermaseal Voluntary Premium Rates

Effective 1 October 2025

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 Selct 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 escess + 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	$10.06	$21.78	$261.57
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	$15.73	$34.09	$409.06
21-24	$32.61	$70.65	$847.82
25-29	$34.03	$73.74	$884.87
30-34	$37.09	$80.37	$964.47
35-39	$42.91	$92.98	$1,115.75
40-44	$51.49	$111.57	$1,338.85
45-49	$61.54	$133.33	$1,599.97
50-54	$76.10	$164.89	$1,978.69
55-59	$98.40	$213.20	$2,558.35
60-64	$141.71	$307.04	$3,684.51
65-69	$196.08	$424.85	$5,098.19
70-74	$238.22	$516.15	$6,193.78
75-79	$256.98	$556.79	$6,681.44
80+	$266.30	$576.99	$6,923.90

Hospital Select Base Plan with Excess Removed

Additional Family Members

Age	Fortnightly	Monthly	Annual
Child	$25.79	$55.89	$670.65
21-24	$42.67	$92.45	$1,109.39
25-29	$44.09	$95.54	$1,146.47
30-34	$47.16	$102.17	$1,226.08
35-39	$52.97	$114.78	$1,377.34
40-44	$61.55	$133.37	$1,600.43
45-49	$71.60	$155.13	$1,861.57
50-54	$86.16	$186.69	$2,240.29
55-59	$108.46	$234.99	$2,819.93
60-64	$151.77	$328.84	$3,946.08
65-69	$206.15	$446.65	$5,359.78
70-74	$248.28	$537.95	$6,455.38
75-79	$267.04	$578.59	$6,943.04
80+	$276.36	$598.79	$7,185.48

Hospital Select Base Plan 3GPs with $500 Excess

Age	Fortnightly	Monthly	Annual
Child	$18.21	$39.45	$473.41
21-24	$37.56	$81.38	$976.53
25-29	$38.98	$84.47	$1,013.59
30-34	$42.05	$91.10	$1,093.19
35-39	$47.86	$103.71	$1,244.48
40-44	$56.45	$122.30	$1,467.58
45-49	$66.49	$144.06	$1,728.70
50-54	$81.05	$175.62	$2,107.42
55-59	$103.35	$223.92	$2,687.06
60-64	$146.66	$317.77	$3,813.23
65-69	$201.03	$435.58	$5,226.91
70-74	$243.17	$526.87	$6,322.50
75-79	$261.93	$567.51	$6,810.17
80+	$271.25	$587.72	$7,052.62

Hospital Select Base Plan 3 GPs with Excess Removed

Additional Family Members

Age	Fortnightly	Monthly	Annual
Child	$28.27	$61.25	$735.00
21-24	$47.62	$103.17	$1,238.10
25-29	$49.05	$106.27	$1,275.19
30-34	$52.11	$112.90	$1,354.78
35-39	$57.92	$125.50	$1,506.05
40-44	$66.51	$144.10	$1,729.15
45-49	$76.55	$165.86	$1,990.27
50-54	$91.12	$197.42	$2,369.00
55-59	$113.41	$245.72	$2,948.63
60-64	$156.72	$339.57	$4,074.81
65-69	$211.10	$457.37	$5,488.50
70-74	$253.23	$548.67	$6,584.08
75-79	$271.99	$589.31	$7,071.75
80+	$281.31	$609.52	$7,314.19

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

PLEASE NOTE

Premiums are quoted per person
Premiums apply to the first TWO children on the policy, thereafter no charge
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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