



Hato Hone
St John

UniMed

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

Hospital Select Base Plan
Nil excess

Age	Fortnightly	Monthly
Child	\$13.59	\$29.45
21-24	\$28.14	\$60.97
25-29	\$29.40	\$63.71
30-34	\$32.05	\$69.44
35-39	\$37.08	\$80.33
40-44	\$44.49	\$96.39
45-49	\$53.17	\$115.19
50-54	\$65.75	\$142.46
55-59	\$85.01	\$184.19
60-64	\$122.44	\$265.28
65-69	\$169.41	\$367.06
70-74	\$205.82	\$445.94
75-79	\$222.02	\$481.05
80+	\$230.08	\$498.50

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$8.14	\$17.64
21-24	\$13.04	\$28.25
25-29	\$17.34	\$37.58
30-34	\$18.16	\$39.36
35-39	\$19.64	\$42.54
40-44	\$21.38	\$46.32
45-49	\$24.19	\$52.42
50-54	\$29.09	\$63.03
55-59	\$34.68	\$75.14
60-64	\$39.62	\$85.84
65-69	\$44.18	\$95.72
70-74	\$46.85	\$101.51
75-79	\$51.65	\$111.91
80+	\$56.33	\$122.04

Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	\$4.51	\$9.77
21-24	\$7.25	\$15.71
25-29	\$10.31	\$22.34
30-34	\$12.33	\$26.70
35-39	\$14.96	\$32.41
40-44	\$18.12	\$39.26
45-49	\$22.00	\$47.67
50-54	\$26.92	\$58.33
55-59	\$35.68	\$77.31
60-64	\$56.59	\$122.60
65-69	\$73.38	\$158.99
70-74	\$81.41	\$176.40
75-79	\$85.42	\$185.07
80+	\$87.82	\$190.28

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



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

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.88	\$10.58
21-24	\$4.88	\$10.58
25-29	\$10.11	\$21.90
30-34	\$11.58	\$25.08
35-39	\$13.00	\$28.16
40-44	\$14.43	\$31.26
45-49	\$16.29	\$35.29
50-54	\$18.12	\$39.26
55-59	\$19.99	\$43.31
60-64	\$21.82	\$47.27
65-69	\$23.72	\$51.40
70-74	\$25.55	\$55.37
75-79	\$27.42	\$59.41
80+	\$30.31	\$65.67

Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$11.49	\$24.89
21-24	\$17.43	\$37.77
25-29	\$17.79	\$38.55
30-34	\$18.72	\$40.57
35-39	\$19.10	\$41.39
40-44	\$20.94	\$45.37
45-49	\$23.04	\$49.91
50-54	\$25.37	\$54.96
55-59	\$29.06	\$62.96
60-64	\$31.41	\$68.05
65-69	\$33.49	\$72.55
70-74	\$35.33	\$76.54
75-79	\$35.58	\$77.09
80+	\$35.58	\$77.09

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