



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

### Hospital Select Base Plan Nil Excess Plus 3 x GP Visits

Age	Fortnightly	Monthly
Child	\$14.33	\$31.05 \$64.06
21-24 25-29	\$29.57 \$30.77	\$66.66
30-34	\$33.27	\$72.09
35-39	\$38.03	\$82.41
40-44	\$45.06	\$97.62
45-49	\$53.28	\$115.44
50-54	\$65.20	\$141.27
55-59	\$83.45	\$180.80
60-64	\$118.90	\$257.62
65-69	\$163.40	\$354.04
70-74	\$197.89	\$428.77
75-79	\$213.25	\$462.03
80+	\$220.88	\$478.57

### Day-to-Day (Module G)

### Specialist and Tests (Module S)

Age	Fortnightly	Monthly	Age	Fortnightly	Monthly
Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+	\$7.71 \$12.35 \$16.43 \$17.21 \$18.60 \$20.25 \$22.92 \$27.56 \$32.86 \$37.53 \$41.86 \$44.39 \$48.93 \$53.36	\$16.71 \$26.77 \$35.60 \$37.28 \$40.30 \$43.88 \$49.66 \$59.71 \$71.19 \$81.32 \$90.69 \$96.17 \$106.02 \$115.62	Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+	\$4.27 \$6.87 \$9.77 \$11.68 \$14.17 \$17.17 \$20.84 \$25.51 \$33.80 \$53.61 \$69.52 \$77.13 \$80.92 \$83.20	\$9.26 \$14.88 \$21.16 \$25.30 \$30.70 \$37.20 \$45.16 \$55.26 \$73.24 \$116.15 \$150.62 \$167.11 \$175.33 \$180.26

### 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



# UniMed

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# Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.63	\$10.03
21-24	\$4.63	\$10.03
25-29	\$9.58	\$20.75
30-34	\$10.97	\$23.76
35-39	\$12.31	\$26.68
40-44	\$13.67	\$29.62
45-49	\$15.43	\$33.44
50-54	\$17.17	\$37.20
55-59	\$18.94	\$41.03
60-64	\$20.67	\$44.79
65-69	\$22.47	\$48.70
70-74	\$24.21	\$52.45
75-79	\$25.98	\$56.29
80+	\$28.72	\$62.22

## Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$10.88	\$23.58
21-24	\$16.52	\$35.78
25-29	\$16.86	\$36.52
30-34	\$17.74	\$38.43
35-39	\$18.10	\$39.21
40-44	\$19.84	\$42.98
45-49	\$21.82	\$47.28
50-54	\$24.03	\$52.07
55-59	\$27.53	\$59.64
60-64	\$29.75	\$64.47
65-69	\$31.72	\$68.73
70-74	\$33.47	\$72.52
75-79	\$33.71	\$73.03
80+	\$33.71	\$73.03

#### PLEASE NOTE

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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