



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

Age	Fortnightly	Monthly
Child	\$17.95	\$38.90
21-24	\$34.94	\$75.71
25-29	\$39.42	\$85.42
30-34	\$44.13	\$95.61
35-39	\$51.79	\$112.22
40-44	\$62.33	\$135.06
45-49	\$74.86	\$162.19
50-54	\$92.27	\$199.93
55-59	\$120.23	\$260.50
60-64	\$178.69	\$387.16
65-69	\$242.02	\$524.38
70-74	\$285.80	\$619.23
75-79	\$305.74	\$662.43
80+	\$316.09	\$684.87

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

Employee \$11.97 Fortnightly \$25.94 Monthly

Additional Family Members

Age	Fortnightly	Monthly
Child	\$20.84	\$45.15
21-24	\$40.92	\$88.66
25-29	\$45.67	\$98.95
30-34	\$50.94	\$110.36
35-39	\$59.67	\$129.28
40-44	\$71.78	\$155.53
45-49	\$86.15	\$186.66
50-54	\$106.24	\$230.19
55-59	\$138.34	\$299.73
60-64	\$204.70	\$443.51
65-69	\$278.01	\$602.35
70-74	\$329.66	\$714.26
75-79	\$352.90	\$764.62
80+	\$364.97	\$790.76

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$8.11	\$17.58
21-24	\$12.99	\$28.15
25-29	\$17.28	\$37.44
30-34	\$18.10	\$39.21
35-39	\$19.56	\$42.39
40-44	\$21.30	\$46.15
45-49	\$24.11	\$52.23
50-54	\$28.98	\$62.80
55-59	\$34.55	\$74.87
60-64	\$39.47	\$85.52
65-69	\$44.02	\$95.37
70-74	\$46.68	\$101.14
75-79	\$51.46	\$111.50
80+	\$56.12	\$121.60

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$5.10	\$11.06
21-24	\$5.10	\$11.06
25-29	\$10.56	\$22.88
30-34	\$12.09	\$26.20
35-39	\$13.58	\$29.42
40-44	\$15.07	\$32.66
45-49	\$17.02	\$36.87
50-54	\$18.93	\$41.02
55-59	\$20.88	\$45.24
60-64	\$22.79	\$49.39
65-69	\$24.78	\$53.70
70-74	\$26.70	\$57.84
75-79	\$28.65	\$62.07
80+	\$31.66	\$68.61

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

VetPartners

Voluntary Premiums

To add modules or family members
Effective 1 April 2025

UniMed



Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$11.45	\$24.80
21-24	\$17.37	\$37.63
25-29	\$17.73	\$38.41
30-34	\$18.65	\$40.42
35-39	\$19.03	\$41.24
40-44	\$20.86	\$45.20
45-49	\$22.95	\$49.73
50-54	\$25.27	\$54.76
55-59	\$28.95	\$62.72
60-64	\$31.29	\$67.80
65-69	\$33.36	\$72.29
70-74	\$35.20	\$76.26
75-79	\$35.45	\$76.80
80+	\$35.45	\$76.80

PLEASE NOTE

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- # 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