

**Hospital Select Base Plan**  
**Nil excess**

Age	Fortnightly	Monthly
Child	\$14.76	\$31.98
21-24	\$30.56	\$66.21
25-29	\$31.93	\$69.19
30-34	\$34.80	\$75.41
35-39	\$40.26	\$87.24
40-44	\$48.32	\$104.68
45-49	\$57.74	\$125.10
50-54	\$71.41	\$154.71
55-59	\$92.32	\$200.03
60-64	\$132.96	\$288.09
65-69	\$183.98	\$398.62
70-74	\$223.51	\$484.28
75-79	\$241.11	\$522.41
80+	\$249.86	\$541.37

**Hospital Select Base Plan**  
**\$500 excess**

Age	Fortnightly	Monthly
Child	\$12.11	\$26.23
21-24	\$25.06	\$54.29
25-29	\$26.18	\$56.73
30-34	\$28.54	\$61.84
35-39	\$33.02	\$71.54
40-44	\$39.62	\$85.84
45-49	\$47.35	\$102.58
50-54	\$58.55	\$126.86
55-59	\$75.70	\$164.03
60-64	\$109.03	\$236.23
65-69	\$150.86	\$326.87
70-74	\$183.28	\$397.11
75-79	\$197.71	\$428.38
80+	\$204.89	\$443.92

**Day-to-Day (Module G)**

Age	Fortnightly	Monthly
Child	\$8.04	\$17.42
21-24	\$12.87	\$27.89
25-29	\$17.12	\$37.10
30-34	\$17.93	\$38.85
35-39	\$19.38	\$42.00
40-44	\$21.11	\$45.73
45-49	\$23.89	\$51.75
50-54	\$28.72	\$62.22
55-59	\$34.24	\$74.19
60-64	\$39.11	\$84.74
65-69	\$43.62	\$94.50
70-74	\$46.25	\$100.22
75-79	\$50.99	\$110.49
80+	\$55.61	\$120.49

**Specialist and Tests (Module S)**

Age	Fortnightly	Monthly
Child	\$4.45	\$9.65
21-24	\$7.16	\$15.51
25-29	\$10.18	\$22.05
30-34	\$12.17	\$26.36
35-39	\$14.77	\$31.99
40-44	\$17.89	\$38.76
45-49	\$21.72	\$47.06
50-54	\$26.58	\$57.59
55-59	\$35.23	\$76.32
60-64	\$55.87	\$121.04
65-69	\$72.45	\$156.97
70-74	\$80.38	\$174.15
75-79	\$84.33	\$182.71
80+	\$86.70	\$187.85

**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

**Natural Health (Module N)**

Age	Fortnightly	Monthly
Child	\$4.82	\$10.45
21-24	\$4.82	\$10.45
25-29	\$9.98	\$21.63
30-34	\$11.43	\$24.76
35-39	\$12.83	\$27.80
40-44	\$14.24	\$30.86
45-49	\$16.08	\$34.84
50-54	\$17.89	\$38.76
55-59	\$19.73	\$42.76
60-64	\$21.54	\$46.67
65-69	\$23.42	\$50.75
70-74	\$25.23	\$54.66
75-79	\$27.07	\$58.66
80+	\$29.92	\$64.84

**Dental and Vision (Module D)**

Age	Fortnightly	Monthly
Child	\$11.34	\$24.57
21-24	\$17.21	\$37.29
25-29	\$17.57	\$38.06
30-34	\$18.49	\$40.05
35-39	\$18.86	\$40.86
40-44	\$20.67	\$44.79
45-49	\$22.74	\$49.27
50-54	\$25.04	\$54.26
55-59	\$28.69	\$62.15
60-64	\$31.01	\$67.18
65-69	\$33.06	\$71.63
70-74	\$34.88	\$75.57
75-79	\$35.13	\$76.11
80+	\$35.13	\$76.11

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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