



## Excel Group Voluntary Premium Rates

Effective 1 April 2024

### Hospital Select Base Plan with \$500 Excess

Age	Fortnightly	Monthly	Annual
Child	\$10.56	\$22.89	\$274.68
21-24	\$21.90	\$47.44	\$569.28
25-29	\$22.85	\$49.51	\$594.17
30-34	\$24.91	\$53.97	\$647.62
35-39	\$28.82	\$62.43	\$749.21
40-44	\$34.58	\$74.92	\$899.02
45-49	\$41.32	\$89.53	\$1,074.35
50-54	\$51.10	\$110.72	\$1,328.65
55-59	\$66.07	\$143.16	\$1,717.87
60-64	\$95.16	\$206.17	\$2,474.07
65-69	\$131.67	\$285.28	\$3,423.33
70-74	\$159.96	\$346.58	\$4,158.99
75-79	\$172.56	\$373.87	\$4,486.45
80+	\$178.82	\$387.44	\$4,649.26

### Hospital Select Base Plan with Excess Removed

Employee	Fortnightly	Monthly	Annual
	\$6.46	\$14.01	\$168.07
<b>Additional Family Members</b>			
Child	\$17.03	\$36.90	\$442.75
21-24	\$28.36	\$61.45	\$737.35
25-29	\$29.32	\$63.52	\$762.24
30-34	\$31.37	\$67.97	\$815.69
35-39	\$35.28	\$76.44	\$917.28
40-44	\$41.04	\$88.92	\$1,067.09
45-49	\$47.79	\$103.53	\$1,242.42
50-54	\$57.57	\$124.73	\$1,496.72
55-59	\$72.54	\$157.16	\$1,885.94
60-64	\$101.62	\$220.18	\$2,642.14
65-69	\$138.13	\$299.28	\$3,591.40
70-74	\$166.43	\$360.59	\$4,327.06
75-79	\$179.02	\$387.88	\$4,654.52
80+	\$185.28	\$401.44	\$4,817.33

### Add-on Modules to the Hospital Select Base Plan

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

Age	Fortnightly	Monthly	Annual
Child	\$6.69	\$14.50	\$174.00
21-24	\$11.39	\$24.68	\$296.11
25-29	\$14.25	\$30.88	\$370.61
30-34	\$14.93	\$32.35	\$388.17
35-39	\$16.14	\$34.97	\$419.59
40-44	\$17.57	\$38.07	\$456.84
45-49	\$19.89	\$43.09	\$517.04
50-54	\$23.91	\$51.80	\$621.64
55-59	\$28.51	\$61.76	\$741.16
60-64	\$32.56	\$70.55	\$846.63
65-69	\$36.31	\$78.68	\$944.14
70-74	\$38.51	\$83.43	\$1,001.20
75-79	\$42.45	\$91.99	\$1,103.83
80+	\$46.30	\$100.31	\$1,203.73

#### Specialists and Tests (Module S)

Age	Fortnightly	Monthly	Annual
Child	\$3.54	\$7.66	\$91.92
21-24	\$6.04	\$13.09	\$157.08
25-29	\$8.08	\$17.51	\$210.11
30-34	\$9.66	\$20.93	\$251.20
35-39	\$11.72	\$25.40	\$304.84
40-44	\$14.20	\$30.78	\$369.33
45-49	\$17.25	\$37.36	\$448.38
50-54	\$21.10	\$45.73	\$548.71
55-59	\$27.97	\$60.60	\$727.20
60-64	\$44.36	\$96.11	\$1,153.28
65-69	\$57.52	\$124.63	\$1,495.56
70-74	\$63.82	\$138.27	\$1,659.28
75-79	\$66.96	\$145.07	\$1,740.88
80+	\$68.84	\$149.15	\$1,789.85

### Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.02	\$8.70	\$104.39
21-24	\$4.02	\$8.70	\$104.39
25-29	\$8.31	\$18.00	\$216.04
30-34	\$9.51	\$20.61	\$247.38
35-39	\$10.68	\$23.15	\$277.78
40-44	\$11.86	\$25.69	\$308.34
45-49	\$13.39	\$29.01	\$348.11
50-54	\$14.89	\$32.27	\$387.24
55-59	\$16.43	\$35.60	\$427.15
60-64	\$17.93	\$38.86	\$466.27
65-69	\$19.50	\$42.25	\$506.97
70-74	\$21.00	\$45.51	\$546.10
75-79	\$22.54	\$48.83	\$585.99
80+	\$24.91	\$53.98	\$647.74

### Dental and Vision (Module D)

Age	Fortnightly	Monthly	Annual
Child	\$9.44	\$20.46	\$245.50
21-24	\$15.14	\$32.81	\$393.74
25-29	\$14.63	\$31.69	\$380.26
30-34	\$15.39	\$33.34	\$400.14
35-39	\$15.70	\$34.02	\$408.24
40-44	\$17.21	\$37.29	\$447.45
45-49	\$18.93	\$41.02	\$492.28
50-54	\$20.85	\$45.17	\$542.06
55-59	\$23.88	\$51.74	\$620.94
60-64	\$25.81	\$55.93	\$671.16
65-69	\$27.52	\$59.63	\$715.60
70-74	\$28.55	\$61.85	\$742.22
75-79	\$28.91	\$62.63	\$751.59
80+	\$29.24	\$63.36	\$760.34

#### 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