



Excel Group Voluntary Premium Rates

Effective 1 April 2025

Hospital Select Base Plan with \$1,000 Excess

Age	Fortnightly	Monthly	Annual
Child	\$13.31	\$28.84	\$346.10
21-24	\$27.59	\$59.77	\$717.29
25-29	\$28.79	\$62.39	\$748.65
30-34	\$31.38	\$68.00	\$816.00
35-39	\$36.31	\$78.67	\$944.00
40-44	\$43.57	\$94.40	\$1,132.77
45-49	\$52.06	\$112.81	\$1,353.68
50-54	\$64.39	\$139.51	\$1,674.10
55-59	\$83.25	\$180.38	\$2,164.52
60-64	\$119.90	\$259.78	\$3,117.33
65-69	\$165.90	\$359.45	\$4,313.40
70-74	\$201.55	\$436.69	\$5,240.33
75-79	\$217.42	\$471.08	\$5,652.93
80+	\$225.31	\$488.17	\$5,858.07

Hospital Select Base Plan with Excess Removed

Employee	Fortnightly	Monthly	Annual
	\$9.75	\$21.12	\$253.46
Additional Family Members			
Child	\$22.31	\$48.33	\$580.00
21-24	\$37.15	\$80.49	\$965.93
25-29	\$38.40	\$83.21	\$998.53
30-34	\$41.10	\$89.05	\$1,068.55
35-39	\$46.22	\$100.14	\$1,201.64
40-44	\$53.76	\$116.49	\$1,397.89
45-49	\$62.60	\$135.63	\$1,627.57
50-54	\$75.41	\$163.39	\$1,960.70
55-59	\$95.02	\$205.88	\$2,470.58
60-64	\$133.12	\$288.43	\$3,461.20
65-69	\$180.95	\$392.06	\$4,704.73
70-74	\$218.02	\$472.37	\$5,668.45
75-79	\$234.52	\$508.12	\$6,097.42
80+	\$242.72	\$525.89	\$6,310.70

Add-on Modules to the Hospital Select Base Plan

Day-to-Day (Module G)

Age	Fortnightly	Monthly	Annual
Child	\$6.89	\$14.93	\$179.22
21-24	\$11.73	\$25.42	\$304.99
25-29	\$14.68	\$31.81	\$381.73
30-34	\$15.38	\$33.32	\$399.82
35-39	\$16.62	\$36.01	\$432.18
40-44	\$18.10	\$39.21	\$470.55
45-49	\$20.48	\$44.38	\$532.55
50-54	\$24.63	\$53.36	\$640.29
55-59	\$29.36	\$63.62	\$763.39
60-64	\$33.54	\$72.67	\$872.03
65-69	\$37.40	\$81.04	\$972.46
70-74	\$39.66	\$85.94	\$1,031.24
75-79	\$43.73	\$94.74	\$1,136.94
80+	\$47.69	\$103.32	\$1,239.84

Specialists and Tests (Module S)

Age	Fortnightly	Monthly	Annual
Child	\$3.89	\$8.43	\$101.11
21-24	\$6.65	\$14.40	\$172.79
25-29	\$8.89	\$19.26	\$231.12
30-34	\$10.63	\$23.03	\$276.32
35-39	\$12.90	\$27.94	\$335.32
40-44	\$15.63	\$33.85	\$406.26
45-49	\$18.97	\$41.10	\$493.22
50-54	\$23.21	\$50.30	\$603.58
55-59	\$30.77	\$66.66	\$799.92
60-64	\$48.79	\$105.72	\$1,268.61
65-69	\$63.27	\$137.09	\$1,645.12
70-74	\$70.20	\$152.10	\$1,825.21
75-79	\$73.65	\$159.58	\$1,914.97
80+	\$75.72	\$164.07	\$1,968.84

Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.34	\$9.39	\$112.74
21-24	\$4.34	\$9.39	\$112.74
25-29	\$8.97	\$19.44	\$233.32
30-34	\$10.28	\$22.26	\$267.17
35-39	\$11.54	\$25.00	\$300.00
40-44	\$12.81	\$27.75	\$333.01
45-49	\$14.46	\$31.33	\$375.96
50-54	\$16.09	\$34.85	\$418.22
55-59	\$17.74	\$38.44	\$461.32
60-64	\$19.37	\$41.96	\$503.57
65-69	\$21.06	\$45.63	\$547.53
70-74	\$22.68	\$49.15	\$589.79
75-79	\$24.34	\$52.74	\$632.87
80+	\$26.91	\$58.30	\$699.56

Dental and Vision (Module D)

Age	Fortnightly	Monthly	Annual
Child	\$9.73	\$21.07	\$252.87
21-24	\$15.60	\$33.80	\$405.55
25-29	\$15.06	\$32.64	\$391.67
30-34	\$15.85	\$34.34	\$412.14
35-39	\$16.17	\$35.04	\$420.49
40-44	\$17.73	\$38.41	\$460.87
45-49	\$19.50	\$42.25	\$507.05
50-54	\$21.47	\$46.53	\$558.32
55-59	\$24.60	\$53.30	\$639.57
60-64	\$26.59	\$57.61	\$691.29
65-69	\$28.35	\$61.42	\$737.07
70-74	\$29.40	\$63.71	\$764.49
75-79	\$29.77	\$64.51	\$774.14
80+	\$30.12	\$65.26	\$783.15

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