

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



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

Age	Fortnightly	Monthly
Child	\$14.83	\$32.14
21-24	\$28.73	\$62.24
25-29	\$32.61	\$70.65
30-34	\$36.57	\$79.24
35-39	\$42.97	\$93.11
40-44	\$51.73	\$112.08
45-49	\$62.14	\$134.65
50-54	\$76.58	\$165.93
55-59	\$99.84	\$216.33
60-64	\$148.72	\$322.23
65-69	\$201.13	\$435.77
70-74	\$237.02	\$513.54
75-79	\$253.40	\$549.03
80+	\$261.93	\$567.52

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

Employee \$9.13 Fortnightly \$19.78 Monthly

Additional Family Members

Age	Fortnightly	Monthly
Child	\$17.15	\$37.16
21-24	\$33.53	\$72.64
25-29	\$37.62	\$81.52
30-34	\$42.04	\$91.08
35-39	\$49.30	\$106.81
40-44	\$59.32	\$128.52
45-49	\$71.21	\$154.29
50-54	\$87.80	\$190.23
55-59	\$114.34	\$247.74
60-64	\$169.60	\$367.47
65-69	\$230.01	\$498.36
70-74	\$272.11	\$589.58
75-79	\$291.26	\$631.06
80+	\$301.17	\$652.53

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child	\$7.71	\$16.71
21-24	\$12.35	\$26.77
25-29	\$16.43	\$35.60
30-34	\$17.21	\$37.28
35-39	\$18.60	\$40.30
40-44	\$20.25	\$43.88
45-49	\$22.92	\$49.66
50-54	\$27.56	\$59.71
55-59	\$32.86	\$71.19
60-64	\$37.53	\$81.32
65-69	\$41.86	\$90.69
70-74	\$44.39	\$96.17
75-79	\$48.93	\$106.02
80+	\$53.36	\$115.62

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

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

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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

- # 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