

**Voluntary Premiums**  
**To add modules or family members**  
**Effective 1 February 2025**

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

<b>Age</b>	<b>Fortnightly</b>	<b>Monthly</b>
Child	\$16.11	\$34.90
21-24	\$33.34	\$72.24
25-29	\$34.84	\$75.49
30-34	\$37.97	\$82.28
35-39	\$43.93	\$95.19
40-44	\$52.72	\$114.22
45-49	\$63.00	\$136.49
50-54	\$77.91	\$168.80
55-59	\$100.73	\$218.25
60-64	\$145.07	\$314.32
65-69	\$200.73	\$434.92
70-74	\$243.87	\$528.39
75-79	\$263.07	\$569.99
80+	\$272.62	\$590.67

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

<b>Age</b>	<b>Fortnightly</b>	<b>Monthly</b>
Child	\$8.36	\$18.12
21-24	\$13.39	\$29.02
25-29	\$17.81	\$38.60
30-34	\$18.66	\$40.42
35-39	\$20.17	\$43.70
40-44	\$21.96	\$47.58
45-49	\$24.85	\$53.84
50-54	\$29.88	\$64.74
55-59	\$35.62	\$77.18
60-64	\$40.69	\$88.17
65-69	\$45.38	\$98.32
70-74	\$48.12	\$104.27
75-79	\$53.06	\$114.95
80+	\$57.86	\$125.36

**Specialist and Tests (Module S)**

<b>Age</b>	<b>Fortnightly</b>	<b>Monthly</b>
Child	\$4.95	\$10.72
21-24	\$7.95	\$17.23
25-29	\$11.31	\$24.50
30-34	\$13.52	\$29.29
35-39	\$16.41	\$35.55
40-44	\$19.88	\$43.07
45-49	\$24.13	\$52.29
50-54	\$29.53	\$63.99
55-59	\$39.14	\$84.80
60-64	\$62.07	\$134.49
65-69	\$80.50	\$174.41
70-74	\$89.31	\$193.50
75-79	\$93.70	\$203.02
80+	\$96.34	\$208.73

**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

### Voluntary Premiums

To add modules or family members

Effective 1 February 2025

#### Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$5.26	\$11.40
21-24	\$5.26	\$11.40
25-29	\$10.89	\$23.59
30-34	\$12.47	\$27.01
35-39	\$14.00	\$30.33
40-44	\$15.54	\$33.67
45-49	\$17.54	\$38.01
50-54	\$19.52	\$42.29
55-59	\$21.53	\$46.64
60-64	\$23.50	\$50.92
65-69	\$25.55	\$55.36
70-74	\$27.52	\$59.63
75-79	\$29.53	\$63.99
80+	\$32.64	\$70.73

#### Dental and Vision (Module D)

Age	Fortnightly	Monthly
Child	\$11.80	\$25.57
21-24	\$17.91	\$38.80
25-29	\$18.28	\$39.60
30-34	\$19.23	\$41.67
35-39	\$19.62	\$42.51
40-44	\$21.51	\$46.60
45-49	\$23.66	\$51.27
50-54	\$26.05	\$56.45
55-59	\$29.85	\$64.67
60-64	\$32.26	\$69.89
65-69	\$34.40	\$74.52
70-74	\$36.29	\$78.62
75-79	\$36.55	\$79.18
80+	\$36.55	\$79.18

#### 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