



Voluntary Premiums To add modules or family members

Hospital Select Base Plan Nil Excess Plus 3 x GP Visits

Age	Fortnightly	Monthly
Age Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79	\$14.26 \$29.41 \$30.61 \$33.12 \$37.88 \$44.90 \$53.12 \$65.05 \$83.29 \$118.75 \$163.25 \$197.74 \$213.09	\$30.89 \$63.73 \$66.33 \$71.76 \$82.08 \$97.29 \$115.10 \$140.94 \$180.47 \$257.29 \$353.71 \$428.44 \$461.70
80+	\$220.73	\$478.24

Day-to-Day (Module G)

Age	Fortnightly	Monthly
Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64	\$7.71 \$12.35 \$16.43 \$17.21 \$18.60 \$20.25 \$22.92 \$27.56 \$32.86 \$37.53	\$16.71 \$26.77 \$35.60 \$37.28 \$40.30 \$43.88 \$49.66 \$59.71 \$71.19 \$81.32
65-69 70-74 75-79 80+	\$37.33 \$41.86 \$44.39 \$48.93 \$53.36	\$90.69 \$96.17 \$106.02 \$115.62

Specialist and Tests (Module S)

Age	Fortnightly	Monthly
Child	\$4.27	\$9.26
21-24	\$6.87	\$14.88
25-29	\$9.77	\$21.16
30-34	\$11.68	\$25.30
35-39	\$14.17	\$30.70
40-44	\$17.17	\$37.20
45-49	\$20.84	\$45.16
50-54	\$25.51	\$55.26
55-59	\$33.80	\$73.24
60-64	\$53.61	\$116.15
65-69	\$69.52	\$150.62
70-74	\$77.13	\$167.11
75-79	\$80.92	\$175.33
80+	\$83.20	\$180.26

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

Natural Health (Module N)				
Age	Fortnightly	Monthly		
Child 21-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+	\$4.63 \$9.58 \$10.97 \$12.31 \$13.67 \$15.43 \$17.17 \$18.94 \$20.67 \$22.47 \$24.21 \$25.98 \$28.72	\$10.03 \$20.75 \$23.76 \$26.68 \$29.62 \$33.44 \$37.20 \$41.03 \$44.79 \$48.70 \$52.45 \$56.29 \$62.22		

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