



Rockgas Limited Voluntary Premium Rates

Effective 1 October 2024

Hospital Select Base Plan with \$500 Excess

Age	Fortnightly	Monthly	Annual
Child	\$12.01	\$26.03	\$312.34
21-24	\$24.90	\$53.94	\$647.34
25-29	\$25.99	\$56.30	\$675.64
30-34	\$28.32	\$61.37	\$736.41
35-39	\$32.77	\$70.99	\$851.93
40-44	\$39.32	\$85.19	\$1,022.26
45-49	\$46.99	\$101.80	\$1,221.65
50-54	\$58.11	\$125.90	\$1,510.83
55-59	\$75.13	\$162.78	\$1,953.39
60-64	\$108.20	\$234.44	\$2,813.28
65-69	\$149.72	\$324.39	\$3,892.68
70-74	\$181.89	\$394.10	\$4,729.20
75-79	\$196.21	\$425.13	\$5,101.55
80+	\$203.33	\$440.56	\$5,286.68

Hospital Select Base Plan with Excess Removed

Employee	Fortnightly	Monthly	Annual
	\$9.75	\$21.12	\$253.40
Additional Family Members			
Child	\$21.76	\$47.14	\$565.73
21-24	\$34.64	\$75.06	\$900.74
25-29	\$35.73	\$77.42	\$929.04
30-34	\$38.07	\$82.48	\$989.81
35-39	\$42.51	\$92.11	\$1,105.31
40-44	\$49.06	\$106.30	\$1,275.66
45-49	\$56.73	\$122.92	\$1,475.04
50-54	\$67.85	\$147.02	\$1,764.21
55-59	\$84.88	\$183.90	\$2,206.79
60-64	\$117.95	\$255.56	\$3,066.68
65-69	\$159.46	\$345.51	\$4,146.08
70-74	\$191.64	\$415.22	\$4,982.60
75-79	\$205.96	\$446.25	\$5,354.95
80+	\$213.08	\$461.67	\$5,540.08

Add-on Modules to the Hospital Select Base Plan

Day-to-Day (Module G)

Age	Fortnightly	Monthly	Annual
Child	\$6.48	\$14.05	\$168.55
21-24	\$11.03	\$23.90	\$286.82
25-29	\$13.81	\$29.92	\$358.99
30-34	\$14.46	\$31.33	\$375.99
35-39	\$15.63	\$33.87	\$406.45
40-44	\$17.02	\$36.88	\$442.51
45-49	\$19.26	\$41.73	\$500.82
50-54	\$23.16	\$50.18	\$602.14
55-59	\$27.61	\$59.83	\$717.91
60-64	\$31.54	\$68.34	\$820.08
65-69	\$35.17	\$76.21	\$914.53
70-74	\$37.30	\$80.82	\$969.81
75-79	\$41.12	\$89.10	\$1,069.20
80+	\$44.85	\$97.16	\$1,165.98

Specialists and Tests (Module S)

Age	Fortnightly	Monthly	Annual
Child	\$3.47	\$7.52	\$90.21
21-24	\$5.93	\$12.84	\$154.14
25-29	\$7.93	\$17.18	\$206.18
30-34	\$9.48	\$20.54	\$246.50
35-39	\$11.50	\$24.93	\$299.13
40-44	\$13.94	\$30.20	\$362.42
45-49	\$16.92	\$36.67	\$440.01
50-54	\$20.71	\$44.87	\$538.46
55-59	\$27.45	\$59.47	\$713.60
60-64	\$43.53	\$94.31	\$1,131.71
65-69	\$56.45	\$122.30	\$1,467.61
70-74	\$62.63	\$135.69	\$1,628.28
75-79	\$65.70	\$142.36	\$1,708.33
80+	\$67.55	\$146.37	\$1,756.39

Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.29	\$9.30	\$111.57
21-24	\$4.29	\$9.30	\$111.57
25-29	\$8.88	\$19.24	\$230.93
30-34	\$10.17	\$22.03	\$264.42
35-39	\$11.42	\$24.74	\$296.92
40-44	\$12.68	\$27.46	\$329.57
45-49	\$14.31	\$31.01	\$372.10
50-54	\$15.92	\$34.49	\$413.92
55-59	\$17.56	\$38.05	\$456.58
60-64	\$19.17	\$41.53	\$498.41
65-69	\$20.84	\$45.16	\$541.89
70-74	\$22.45	\$48.64	\$583.72
75-79	\$24.09	\$52.20	\$626.37
80+	\$26.63	\$57.70	\$692.37

Dental and Vision (Module D)

Age	Fortnightly	Monthly	Annual
Child	\$9.63	\$20.86	\$250.27
21-24	\$15.44	\$33.45	\$401.38
25-29	\$14.91	\$32.30	\$387.64
30-34	\$15.69	\$33.99	\$407.91
35-39	\$16.01	\$34.68	\$416.16
40-44	\$17.54	\$38.01	\$456.14
45-49	\$19.30	\$41.82	\$501.84
50-54	\$21.25	\$46.05	\$552.58
55-59	\$24.35	\$52.75	\$632.99
60-64	\$26.31	\$57.02	\$684.19
65-69	\$28.06	\$60.79	\$729.50
70-74	\$29.10	\$63.05	\$756.64
75-79	\$29.47	\$63.85	\$766.18
80+	\$29.81	\$64.59	\$775.10

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