



Voluntary Premiums To add modules and family members Effective 1 October 2024

Hospital Select Base Plan \$1,000 Excess Plus 3 x GPs & Specialists (Module S)

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	\$14.54 \$28.08 \$31.74 \$35.35 \$41.12 \$48.97 \$58.31 \$71.22 \$92.10 \$136.24 \$182.97 \$214.61 \$229.09	\$31.50 \$60.85 \$68.76 \$76.60 \$89.09 \$106.09 \$126.34 \$154.31 \$199.55 \$295.20 \$396.45 \$464.99 \$496.36
80+	\$236.66	\$512.77

Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.49	\$9.73
21-24	\$4.49	\$9.73
25-29	\$9.29	\$20.13
30-34	\$10.64	\$23.05
35-39	\$11.94	\$25.88
40-44	\$13.26	\$28.73
45-49	\$14.97	\$32.43
50-54	\$16.65	\$36.08
55-59	\$18.37	\$39.80
60-64	\$20.05	\$43.44
65-69	\$21.80	\$47.23
70-74	\$23.48	\$50.88
75-79	\$25.20	\$54.60
80+	\$27.85	\$60.35

Day to Day (Module G)

Age	Fortnightly	Monthly
Child	\$7.48	\$16.21
21-24	\$11.98	\$25.96
25-29	\$15.94	\$34.53
30-34	\$16.69	\$36.17
35-39	\$18.04	\$39.09
40-44	\$19.64	\$42.56
45-49	\$22.23	\$48.17
50-54	\$26.73	\$57.92
55-59	\$31.87	\$69.05
60-64	\$36.41	\$78.88
65-69	\$40.60	\$87.97
70-74	\$43.05	\$93.28
75-79	\$47.47	\$102.84
80+	\$51.76	\$112.15

Dental & Vision (Module D)

Age	Fortnightly	Monthly
Child	\$10.56	\$22.87
21-24	\$16.02	\$34.71
25-29	\$16.35	\$35.43
30-34	\$17.21	\$37.28
35-39	\$17.55	\$38.04
40-44	\$19.24	\$41.69
45-49	\$21.17	\$45.86
50-54	\$23.31	\$50.50
55-59	\$26.70	\$57.85
60-64	\$28.86	\$62.53
65-69	\$30.77	\$66.67
70-74	\$32.46	\$70.34
75-79	\$32.70	\$70.84
80+	\$32.70	\$70.84

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