



Stabicraft Voluntary Group Premium Rates

Effective 1 June 2024

Hospital Select Base Plan

Age	Fortnightly	Monthly	Annual
Child	\$13.00	\$28.17	\$338.07
21-24	\$26.95	\$58.39	\$700.68
25-29	\$28.13	\$60.94	\$731.30
30-34	\$30.66	\$66.42	\$797.10
35-39	\$35.47	\$76.84	\$922.13
40-44	\$42.56	\$92.21	\$1,106.51
45-49	\$50.86	\$110.19	\$1,322.31
50-54	\$62.90	\$136.28	\$1,635.31
55-59	\$81.32	\$176.20	\$2,114.36
60-64	\$117.12	\$253.76	\$3,045.09
65-69	\$162.06	\$351.12	\$4,213.44
70-74	\$196.88	\$426.58	\$5,118.91
75-79	\$212.38	\$460.16	\$5,521.93
80+	\$220.09	\$476.86	\$5,722.32

Add-on Modules to the Hospital Select Base Plan

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

Day-to-Day (Module G)

Age	Fortnightly	Monthly	Annual
Child	\$6.82	\$14.78	\$177.39
21-24	\$11.61	\$25.15	\$301.86
25-29	\$14.53	\$31.48	\$377.81
30-34	\$15.22	\$32.97	\$395.70
35-39	\$16.45	\$35.65	\$427.76
40-44	\$17.91	\$38.81	\$465.71
45-49	\$20.27	\$43.92	\$527.07
50-54	\$24.37	\$52.81	\$633.71
55-59	\$29.06	\$62.96	\$755.55
60-64	\$33.19	\$71.92	\$863.07
65-69	\$37.02	\$80.21	\$962.47
70-74	\$39.25	\$85.05	\$1,020.65
75-79	\$43.28	\$93.77	\$1,125.26
80+	\$47.20	\$102.26	\$1,227.11

Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.09	\$8.87	\$106.41
21-24	\$4.09	\$8.87	\$106.41
25-29	\$8.47	\$18.35	\$220.23
30-34	\$9.70	\$21.01	\$252.17
35-39	\$10.89	\$23.60	\$283.18
40-44	\$12.09	\$26.19	\$314.31
45-49	\$13.65	\$29.57	\$354.88
50-54	\$15.18	\$32.90	\$394.76
55-59	\$16.75	\$36.29	\$435.44
60-64	\$18.28	\$39.61	\$475.33
65-69	\$19.88	\$43.07	\$516.80
70-74	\$21.41	\$46.39	\$556.69
75-79	\$22.98	\$49.78	\$597.37
80+	\$25.40	\$55.03	\$660.31

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