



Stevenson & Williams Limited Voluntary Premium Rates

Effective 1 December 2024

Hospital Select Base Plan with \$250 Excess

Age	Fortnightly	Monthly	Annual
Child	\$13.55	\$29.35	\$352.25
21-24	\$28.08	\$60.84	\$730.06
25-29	\$29.31	\$63.50	\$761.98
30-34	\$31.94	\$69.21	\$830.52
35-39	\$36.95	\$80.07	\$960.80
40-44	\$44.34	\$96.07	\$1,152.90
45-49	\$52.99	\$114.81	\$1,377.77
50-54	\$65.53	\$141.99	\$1,703.89
55-59	\$84.73	\$183.58	\$2,203.01
60-64	\$122.03	\$264.40	\$3,172.78
65-69	\$168.85	\$365.84	\$4,390.13
70-74	\$205.14	\$444.46	\$5,333.54
75-79	\$221.29	\$479.46	\$5,753.48
80+	\$229.32	\$496.86	\$5,962.27

Add-on Modules to the Hospital Select Base Plan

Day-to-Day (Module G)

Age	Fortnightly	Monthly	Annual
Child	\$6.89	\$14.93	\$179.22
21-24	\$11.73	\$25.42	\$304.99
25-29	\$14.68	\$31.81	\$381.73
30-34	\$15.38	\$33.32	\$399.82
35-39	\$16.62	\$36.01	\$432.18
40-44	\$18.10	\$39.21	\$470.55
45-49	\$20.48	\$44.38	\$532.55
50-54	\$24.63	\$53.36	\$640.29
55-59	\$29.36	\$63.62	\$763.39
60-64	\$33.54	\$72.67	\$872.03
65-69	\$37.40	\$81.04	\$972.46
70-74	\$39.66	\$85.94	\$1,031.24
75-79	\$43.73	\$94.74	\$1,136.94
80+	\$47.69	\$103.32	\$1,239.84

Specialists and Tests (Module S)

Age	Fortnightly	Monthly	Annual
Child	\$3.92	\$8.50	\$102.03
21-24	\$6.71	\$14.53	\$174.36
25-29	\$8.97	\$19.43	\$233.22
30-34	\$10.72	\$23.24	\$278.83
35-39	\$13.01	\$28.20	\$338.37
40-44	\$15.77	\$34.16	\$409.95
45-49	\$19.14	\$41.48	\$497.71
50-54	\$23.43	\$50.76	\$609.07
55-59	\$31.05	\$67.27	\$807.19
60-64	\$49.24	\$106.68	\$1,280.15
65-69	\$63.85	\$138.34	\$1,660.08
70-74	\$70.84	\$153.48	\$1,841.81
75-79	\$74.32	\$161.03	\$1,932.38
80+	\$76.41	\$165.56	\$1,986.74

Natural Health (Module N)

Age	Fortnightly	Monthly	Annual
Child	\$4.34	\$9.39	\$112.74
21-24	\$4.34	\$9.39	\$112.74
25-29	\$8.97	\$19.44	\$233.32
30-34	\$10.28	\$22.26	\$267.17
35-39	\$11.54	\$25.00	\$300.00
40-44	\$12.81	\$27.75	\$333.01
45-49	\$14.46	\$31.33	\$375.96
50-54	\$16.09	\$34.85	\$418.22
55-59	\$17.74	\$38.44	\$461.32
60-64	\$19.37	\$41.96	\$503.57
65-69	\$21.06	\$45.63	\$547.53
70-74	\$22.68	\$49.15	\$589.79
75-79	\$24.34	\$52.74	\$632.87
80+	\$26.91	\$58.30	\$699.56

Dental and Vision (Module D)

Age	Fortnightly	Monthly	Annual
Child	\$9.73	\$21.07	\$252.87
21-24	\$15.60	\$33.80	\$405.55
25-29	\$15.06	\$32.64	\$391.67
30-34	\$15.85	\$34.34	\$412.14
35-39	\$16.17	\$35.04	\$420.49
40-44	\$17.73	\$38.41	\$460.87
45-49	\$19.50	\$42.25	\$507.05
50-54	\$21.47	\$46.53	\$558.32
55-59	\$24.60	\$53.30	\$639.57
60-64	\$26.59	\$57.61	\$691.29
65-69	\$28.35	\$61.42	\$737.07
70-74	\$29.40	\$63.71	\$764.49
75-79	\$29.77	\$64.51	\$774.14
80+	\$30.12	\$65.26	\$783.15

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