



Voluntary Premiums
To add modules or family members
Effective: 1 September 2024

Hospital Select Base Plan \$500 Excess Plus 3 x GP Visits

Age	Fortnightly	Monthly
Child	\$12.01	\$26.03
21-24	\$24.77	\$53.66
25-29	\$25.75	\$55.80
30-34	\$27.81	\$60.25
35-39	\$31.71	\$68.71
40-44	\$37.47	\$81.19
45-49	\$44.21	\$95.79
50-54	\$53.99	\$116.97
55-59	\$68.95	\$149.39
60-64	\$98.02	\$212.38
65-69	\$134.52	\$291.45
70-74	\$162.80	\$352.73
75-79	\$175.39	\$380.00
+08	\$181.64	\$393.56

Hospital Select Base Plan Excess Removed Plus 3 x GP Visits

Employee \$9.93 Fortnightly \$21.51 Monthly

Age	Fortnightly	Monthly
Child	\$14.33	\$31.05
21-24	\$29.57	\$64.06
25-29	\$30.77	\$66.66
30-34	\$33.27	\$72.09
35-39	\$38.03	\$82.41
40-44	\$45.06	\$97.62
45-49	\$53.28	\$115.44
50-54	\$65.20	\$141.27
55-59	\$83.45	\$180.80
60-64	\$118.90	\$257.62
65-69	\$163.40	\$354.04
70-74	\$197.89	\$428.77
75-79	\$213.25	\$462.03
80+	\$220.88	\$478.57

Day-to-Day (Module G)

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	\$7.71 \$12.35 \$16.43 \$17.21 \$18.60 \$20.25 \$22.92 \$27.56 \$32.86 \$37.53 \$41.86	\$16.71 \$26.77 \$35.60 \$37.28 \$40.30 \$43.88 \$49.66 \$59.71 \$71.19 \$81.32 \$90.69
70-74 75-79 80+	\$41.86 \$44.39 \$48.93 \$53.36	\$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





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Natural Health (Module N)

Age	Fortnightly	Monthly
Child	\$4.63	\$10.03
21-24	\$4.63	\$10.03
25-29	\$9.58	\$20.75
30-34	\$10.97	\$23.76
35-39	\$12.31	\$26.68
40-44	\$13.67	\$29.62
45-49	\$15.43	\$33.44
50-54	\$17.17	\$37.20
55-59	\$18.94	\$41.03
60-64	\$20.67	\$44.79
65-69	\$22.47	\$48.70
70-74	\$24.21	\$52.45
75-79	\$25.98	\$56.29
+08	\$28.72	\$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

\$33.71

\$33.71

\$73.03 \$73.03

75-79

+08

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- # If the Primary member and/or spouse/partner are under 21 years of age the 21-24 year age-band applies